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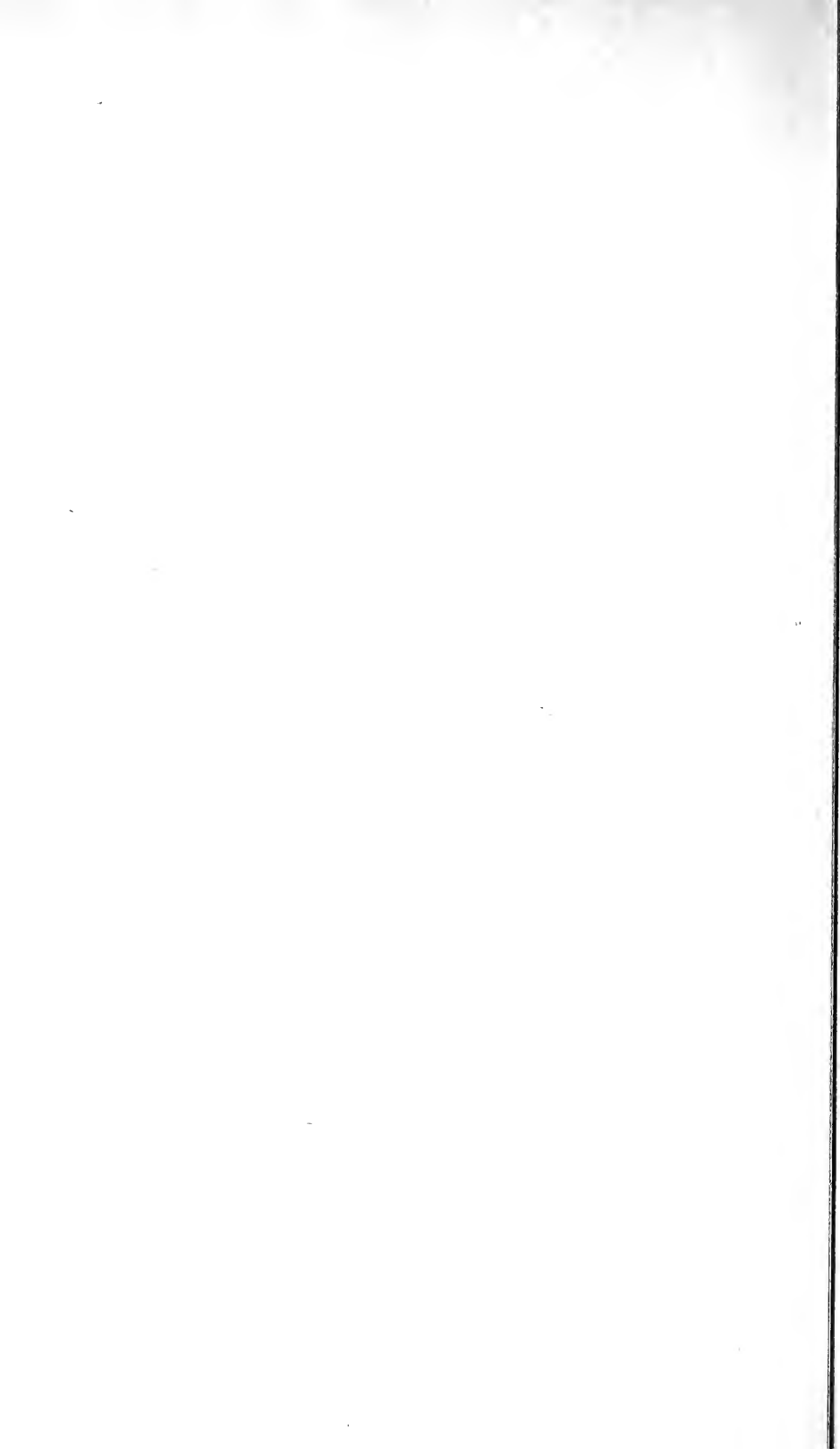
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THE
BULLETIN
OF
The North Carolina
Dental Society

COMPONENT OF THE AMERICAN DENTAL ASSOCIATION



CONTAINING THE
PROCEEDINGS
OF THE
NINETIETH ANNIVERSARY MEETING
AT THE
CAROLINA HOTEL
PINEHURST, NORTH CAROLINA
MAY 6-7-8, 1946

Vol. 30

AUGUST, 1946
CHARLOTTE, N. C.

No. 1

THE BULLETIN

—of—

THE NORTH CAROLINA DENTAL SOCIETY

(Component of the American Dental Association)

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PROCEEDINGS

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NINETIETH ANNIVERSARY MEETING

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PROCEEDINGS

OF THE
NORTH CAROLINA DENTAL SOCIETY

MONDAY MORNING SESSION

MAY 6, 1946

The opening session of the Ninetieth Anniversary meeting of the North Carolina Dental Society convened in the ballroom of the Carolina Hotel, Pinehurst, at 9:45 o'clock, Monday, May 6, 1946, and was called to order by the President, Dr. O. C. Barker, of Asheville, North Carolina.

President Barker:

The Ninetieth Anniversary meeting of the North Carolina Dental Society will please come to order.

We will stand while we have the invocation by the Reverend Dr. T. A. Cheatham, Rector of the Village Chapel of Pinehurst.

Rev. T. A. Cheatham:

Our Heavenly Father, we thank Thee for the gift of life and with it the privilege of making life large and noble. We thank Thee for the high task that Thou dost give to the dentists of our land, to ease suffering and to restore health. We thank Thee for the comradeship of service, because we look to Thee as the inspiration of every good and worthy thing that we do. We ask Thee to come and direct us in the deliberations of this convention. We desire to put our work on the highest possible plane, and we feel that when we are working in Thy sight there is a stimulus to high endeavor. Direct us, then, in all the things that shall be done in this convention and further us with Thy continual help, through Jesus Christ our Lord. Amen.

President Barker:

Thank you, Dr. Cheatham.

Once again we are delighted to have with us, for our address of welcome, the President of Pinehurst, Incorporated, Mr. Richard S. Tufts.

Mr. Richard S. Tufts:

Mr. Chairman and Members: It is very definitely a double pleasure to have the privilege of welcoming you back to Pinehurst today. First, because it is always pleasant to greet old

friends again and, second, because of the circumstances that make this meeting possible this year. It seems hardly possible that a year ago we were finishing one war and that the experts were advising us that we had from one to three or four years of another war ahead of us. Already we have become so pre-occupied with our usual occupations that it seems a long time ago and almost impossible as we look back on it.

In greeting you on previous occasions I believe it has been my custom to say a few words about Pinehurst, to acquaint you with our history and with our organization; and it occurs to me that in this first meeting after the war perhaps it would be well to say a word or two to account for our activities during the war.

This resort was not, as many other hotels were, taken over by the services for use during the war. Perhaps we were fortunate in this, in that it enabled us to continue our contacts of many years' standing with the visitors who come here. On the other hand, it might be said that we could have served the war effort better had we been taken over. I thought that for a while, but as I looked around and watched the men who came here during the war years I wondered whether that was true. I saw men come here who were working hard in connection with the production effort; I saw them come here tired and worn out, for just a few days or weeks of vacation, and saw them find rest and relaxation in complete change from what they had been doing; and I saw them go back to production work with their minds clear and their bodies strong again, and I wondered if that was not possibly the best contribution we could make to the war effort. In fact, as times and conditions change and things that used to be luxuries become necessities, I wonder if vacation is not a necessary part of normal life for a man in active business today. I recall that when my grandfather was in business he was not very well, and he was one of the few men that regularly took a vacation. In fact, it was through this vacationing habit of his that he first came to Pinehurst and established this resort. Therefore it might be quite fitting for us to render service to others who need rest and change.

I hope you will have a most successful meeting here, Mr. Chairman. Unfortunately, I shall not be able to be around as much as usual. I have a heavy schedule of work and have

a sick wife and shall not be able to be here as much as I should like. The hotel is yours; the staff are here to serve you; and I hope you will find everything as usual and everything as you want it, and I wish for you a most successful meeting.

President Barker:

Thank you, Mr. Tufts.

The response to the address of welcome will be made by Dr. A. C. Current of Gastonia.

Dr. A. C. Current:

Mr. President, Mr. Tufts, Visitors, and Members of the North Carolina Dental Society: This group is made up largely of people who since our last meeting have served our country in one branch or another of the armed forces and those who have stood in the gaps at home and filled their places in capacities of civilian service as best we could. I know most of you will recall hearing, on some occasion in your life, the expression that one could feel in the atmosphere the fact that something was about to happen, and since we began to gather here yesterday morning each one of us has felt and can feel that something is about to take place. We are now about to launch upon one of the greatest conventions that the North Carolina Dental Society has ever held. I need not attempt to furnish any further stimulus to this gathering, because the stimulus is already here; but I might say that in this wonderful address of welcome the outstretched hands and open heart of this fair village have been so wonderfully brought to us this morning that it is the climax, the crowning thing needed to make this convention just the success that I have predicted it will be.

As we indulge ourselves here in social activities, as we refresh ourselves by letting down or, as it is expressed sometimes, by taking our hair down, I expect that the social part, Mr. President, will have its role here. But it is my sincere hope and desire that the inspiration we have received from the President of Pinehurst, Inc., and the inspiration that should come to each one of us because of the challenge that is ours today from the fast moving scientific world, which is begging dentistry to come forward with more in quality and quantity than she has in the past, and the memory of those sacred dead who fought for this country of ours shall inspire us to get all we can here in an inspirational and scientific way and go home

prepared to serve better, to make our service more trustworthy, to make it more acceptable to the real founder and leader and perpetuator of peace, the great Prince of Peace. To that end let all other things become secondary, and let us work toward the ideal of greater and more noble dental service to humanity in the days to come.

Speaking for the North Carolina Dental Society, I want to thank you, Mr. Tufts, for the splendid way in which we have been received here in the hotel and in your lovely village, and I assure you that we shall enjoy ourselves and profit much by the material facilities and the wonderfully trained corps of helpers that usually serve us and make our meeting successful.

President Barker:

Thank you, Dr. Current.

Our Vice-President, Dr. K. L. Johnson, of Raleigh, will now take the Chair.

Vice-President Johnson:

We shall next have the President's Address, by President Barker. Dr. O. C. Barker.

President O. C. Barker:

Mr. Vice-President, Fellow Members of the North Carolina Dental Society, Honored Guests, Ladies and Gentlemen: It is my happy privilege and very sincere pleasure, to greet and welcome you, to this our Ninetieth Anniversary Meeting. Words fail to adequately express to each of you, my appreciation for the high honor you have given me, in this opportunity of trying to serve you, as have the other Past Presidents of our great State Dental Society.

Since I was elected to this high office in May, 1944, surely we have all witnessed and experienced "times which try men's souls." We were not privileged to meet in 1945, out of deference to our war efforts. Your officers and committees have faithfully tried to serve you, to the best interest of all, during the days intervening since our last annual meeting in Raleigh, in May, 1944.

Your Executive Committee, Program Committee and other interim important committees have met repeatedly, transacted necessary business, prepared and planned for our annual meeting, both last year and this year. I wish to thank our officers, committeemen and those splendid, unselfish individuals who daily glorify the word dentist, for their loyalty, devotion and earnest efforts in our behalf. No man can serve as president of this organization without having a profound admiration for his colleagues and fellow members. I desire to thank our essayists, clinicians,

guests, and our hard working local arrangements group, for your contributions of talent, time, and ability. You have proven that every man owes something to his profession. We appreciate your sacrifices for the interest of better dentistry.

In the twenty-four months since last we met, events have happened with such machine gun rapidity, that it has been hard for any of us to think in sequence or orderly retrospection. We have seen the end of war, both in Europe and in the far Pacific. The names of places which none of us knew of in pre-Pearl Harbor, have become resting places for the bravest and most valiant of our American fighting men. Youth has eternally gained and holds its place in the sun because of the many deeds of bravery, valor and sacrificial service to its day and generation. Surely never has so much been owed, by so many, to so few, as our honored war Prime Minister of England so aptly stated it. The atom bomb has made obsolete standards of recent days. We have received a new baptism of appreciation of God and man. Yes, now we can better answer the life-long question, "Am I my brother's keeper?"

On the post office in Washington, one may read these impressive words: "Carry truth and life to all men." Undoubtedly this is the spirit and motivating power prompting our dentists of yesteryear as well as today. While our hats are off to the past, surely our coats must be off for the future. In 1939 nearly 70,000 dentists in America did about one half billion dollars of practice. In 1945 with almost a third of our dentists in the service, the remaining 50,000 dentists did around a billion dollars in practice. Yes, dentists are the ones who make dentistry the profession it is, or the trade it may become. Every dentist has a personal responsibility to those about him. Dentistry is no better or more highly respected than the sum total of every dentist's services, in each town or city in North Carolina today. To discharge our obligations to our people, the individual dentist must constantly study to improve his scientific knowledge, clinical ability, and dental health teaching. Every doctor of dental surgery must cooperate and collaborate with others who are likewise striving in this direction in all branches of the healing arts.

Surely we want to pay tribute to those of our profession who served our country in this recent war. They closed their offices, volunteered to defend our way of life and many paid with their health and life that we might always be free and proud of dentists and of dentistry. These service dentists, who wear a small insignia, who have memories that bless and burn, have carved their knowledge and skill around the world. Our service dentists not only rehabilitated more than a million of our own boys and men, but filled with credit and honor, far beyond the line of duty, everything a fine professional man should do. It now becomes our duty at home to put forth every effort to aid the returned heroes in re-establishing themselves either in their former locations or in new locations of their choice. With the return of peace and the necessary adjustments by all peoples of the world, the American dentist cannot stand apart or remain unaffected.

During the past three years while humbly trying to serve you, I have gained inspiration and pride from my visits to every district component

in North Carolina. As your President, I have attended adjoining State Dental meetings, scientific and civic sessions, national state officers' meeting of the American Dental Association, numerous social, economic and welfare organizations. Nowhere have I found a finer, more wholesome atmosphere than in North Carolina. At a meeting of the Fifth District Dental Society, it was my pleasure to officially present to the town of Hertford, North Carolina, a marker in honor of "the father of American dentistry," our venerable Dr. John Harris. I am proud to advise you that our State Dental Society, even in these turbulent times has risen majestically to higher levels of service and appreciation. Our present membership is the largest in our history. We have met the past emergencies and difficulties with a perseverance and determination that deserves honorable citation and well done commendation.

Not perfunctorily at all, but sincerely, do I want to thank the various committees and officials of our State and District Societies for your untiring services and helpful, harmonious support. I wish time permitted my telling our group of your splendid endeavors, calling your names, giving repeated occasions and all. Believe me when I say—thank you.

HEALTH FOR THE NATION

For thirty years our economists and administrators have been interested in health insurance as a scheme of paying for health care by regular deductions from the current earnings of workers, usually supplemented by payments from employers and from public funds. The idea grew until in 1938 the general public as well as economists, administrators, and the professions were brought together at the call of the national government in a national health conference. Here for the first time both main branches of organized labor placed themselves squarely behind public action for health insurance. By 1943 organized labor initiated and sponsored a comprehensive social security measure including health insurance for a hundred million people.

This thread of history ties to medical and dental economics. Paying for medical and dental care by compulsory health insurance is now a public issue that has behind it a politically powerful punch.

THE WAGNER-MURRAY-DINGELL BILL

The most immediate problem facing American dentistry today is the threat of national compulsory health insurance embodied in the Wagner-Murray-Dingell bill now before Congress.

The present Wagner-Murray-Dingell health bill, latest of a long series, was introduced in the United States Senate and House of Representatives on November 19, 1945, immediately following President Truman's health message to Congress. The bill is divided into two major parts or titles. Title I provides for grants-in-aid to the states for public health services, maternal and child health services, and health care for needy persons. Title II provides for a nation-wide system of "prepaid personal health service benefits," which is merely a better sounding name for compulsory health insurance. This section promises medical, dental, home nursing and hospital service to practically all employed or self-employed individ-

uals and their dependents. It is with this latter section, creating a nationwide system of compulsory health insurance, that we are particularly concerned.

In conflict are two basic philosophies. Compulsory dental and medical insurance is the goal of those who subscribe to the extreme philosophy that the Federal government must take over all health services and dispense them to the public under legislative fiat. Opposing this philosophy are those who believe in states' rights and individual and community responsibility in meeting health problems, financed where necessary by Federal grants-in-aid. Dentists overwhelmingly belong to this second group. We have no quarrel with the basic aims of those who sincerely want to improve the nation's health. We know there is great need for expanded dental care. But, as members of the dental profession, we must insist that the public be protected from a costly scheme which will not improve dental health.

The issue is no longer academic. A choice will soon be made. Public hearings on the Wagner-Murray-Dingell health bill began April 2, before the Senate committee on education and labor in Washington, D. C. Dentists as well as other professional groups and the public must make their voices heard in this matter now.

The Wagner-Murray-Dingell bill cannot create either a successful or satisfactory dental health program. Even the authors of the Wagner-Murray-Dingell bill admit this by the indefinite phrases they use in their bill to describe dental benefits. At best, the bill promises dental treatment of little more than a primitive and emergency character. Even under favorable conditions the dental benefits proposed will not permit the development of an attack on the disease itself through proper measures of prevention and control.

The Wagner-Murray-Dingell bill ignores practical experience and professional resources. Dental treatment requires the time of the dentist and cannot be dispensed by prescription. Dental diseases are so universal that the insurance principle cannot be applied to initial dental care. Dental neglect is so great that the cost of its repair would bankrupt any insurance scheme. Neither experience nor logic suggests that national dental health be entrusted to a governmental agency on the basis of an illusory scheme based at best on little more than good intentions.

The Wagner act names the Surgeon General as the chief administrative officer for the dispensing of health benefits with the all-inclusive restriction that he shall act under the "supervision and direction" of the Federal Security administrator, a layman.

Specifically, the Surgeon General is given power to determine rates of compensation to practitioners on a fee basis, a capitation basis, or a straight salary basis; to determine the maximum number of patients a practitioner may serve; to designate what services shall be specialist services and who may be entitled to receive special rates of compensation for such service; and to fix the amounts of "extra" fees each individual may be required to pay for dental or medical service.

The act makes the provision of health benefits the "collective responsibility" of all participating practitioners in a specified area, and the Surgeon General is directed to publish in each locality a list of all participating dental and medical practitioners.

The only dental benefits actually promised in the Wagner bill are examinations, diagnosis, prophylaxis, special extractions, and treatment of "acute diseases of the teeth." Extractions are limited to teeth which a dentist and a physician consider injurious to general health of the individual. It is doubtful that even the authors of the bill know what the phrase "acute diseases of the teeth" means. And even for these limited benefits, patients may be required to pay a fee for each service at the discretion of the Surgeon General.

The bill does not provide for fillings, artificial dentures, crowns, bridges, treatment of chronic diseases or many types of oral surgery. All this the patient would have to seek elsewhere and pay for from his own pocket regardless of the insurance premiums he will be forced to contribute.

Patients who seek benefits will not have free choice of a practitioner but will be limited to those dentists who elect to work under the government plan in certain specified areas.

The dentist, if he does decide to work under the government plan, will be involved in vast amounts of record-keeping which will reduce his time for actual health service.

A third party in the form of a government agency will be interposed between the patient and the practitioner, disturbing the personal relationship that exists between them.

Beyond these immediate ill effects, the Wagner-Murray-Dingell plan will be an opening wedge in the door for a completely nationalized system of state dentistry and state medicine.

Compulsory health insurance has not improved dental health in any foreign country where it has been tried. In most countries with such a health scheme, dental care has been given a status of "additional or secondary benefits"—a status which has not improved dental health.

In contrast to compulsory health insurance there is a logical solution to the problems of dental health. For many years, the American Dental Association has been campaigning for a constructive legislative program which calls for a full-scale attack on dental disease. This program is embodied in two bills now before Congress under the sponsorship of the American Dental Association. They are Senate bills 190 and 1099. Senate bill 190 provides for Federal aid to stimulate research into the causes of and prevention of dental disease. Senate bill 1099 provides for grants-in-aid to the states to establish programs of dental health education to induce people to take better care of their teeth, and to expand dental services, particularly for children.

These A. D. A. bills are founded on the same effective pattern that has been successful in the campaigns against cancer and tuberculosis. They are based on a knowledge of dental needs, costs, and personnel.

Through them, the profession can strike at the heart of the problem and make a real contribution to America's dental health.

It is important that all of us join to defeat the Wagner-Murray-Dingell bill and convince the Congress that compulsory health insurance is not the answer to improved dental health. I urge each of you to write your senators and congressmen immediately. Tell them you are in favor of the American Dental Association's legislative program, Senate bills 190 and 1099. Tell them you are opposed to the Wagner-Murray-Dingell bill (S 1606; HR 4730) and compulsory health insurance. The solution of the dental health problem in this country has already been too long delayed. Passage of the American Dental Association bills will give the dental profession an opportunity to move forward toward its goal—sound dental health for all.

Let us so conduct ourselves in our thinking and actions that generations of dentists to follow will not accuse us of selling out dentistry, nor shall the people of our land be the victims of selfish interests.

Should we or should we not sponsor the establishment of a dental college within our state? This matter has been referred to a special committee for study and recommendations to our society.

THE NORTH CAROLINA DENTAL HYGIENIST LAW ENACTMENT

At our last state meeting you instructed the Legislative Committee to draw up a suitable dental hygienist bill and to place same before the state legislative body for enactment.

A very able and comprehensive bill was drawn up and caused to be introduced in our state legislative body. This bill was enacted into law on March 12, 1945.

Any licensed dentist in North Carolina may now employ a licensed dental hygienist when available. As the number of licensed oral hygienists are very few in number, as of to date and will continue so for some time, a special committee has been set up for the purpose of promoting the establishment of a dental hygienist school within our state, with the hopes of at least partially correcting this shortage at an early date.

With the proper coöperation of our membership, which I feel sure we will have, the enactment of the dental hygienist law may well be considered a forward step in our profession. Much helpful service may be gained by both our patients and ourselves.

On behalf of the North Carolina Dental Society, I wish to thank our Legislative Committee for this fine and able enactment.

DENTAL CARE FOR CHILDREN

Pedodontia in the congested practice of dentistry of today, I fear, has drifted to a low ebb. Because childhood is perhaps the most important dental age of a patient's entire life, it is necessary and our professional duty to place the child patient first in our practice, regardless of whether the dental services to them be less lucrative, less appreciated and more

troublesome. It is my opinion that if every dentist who is a member of the American Dental Association encouraged a proper place for children in his practice, we would not need to fear that socialized dentistry would be thrust upon us, nor that the "auxiliary" workers to care for children would materialize.

STATE HOSPITAL AND MEDICAL CARE COMMISSION

In our state an ambitious program has been launched to expand hospital facilities, to make medical and dental services available to the inaccessible areas, as well as promote better service for the accessible areas. This is a fine program if properly worked out.

The Governor of North Carolina has appointed one of our members to serve on the State Hospital and Medical Care Commission, Dr. G. Fred Hale of Raleigh. He is doing and will continue to do everything possible to promote the dental aspect as it should be.

POSTGRADUATE EXTENSION COURSES

Now that we are again engaged in peaceful pursuits, we should resume postgraduate extension courses similar to those sponsored by the State Society before the war. These courses meet a very definite need and are instrumental in lifting our profession to new heights of proficiency, attainment and dignity.

MILITARY AFFAIRS COMMITTEE PROCUREMENT AND ASSIGNMENT COMMITTEE

DR. H. O. LINEBERGER, *Chairman*

A very heavy load was carried by this committee throughout the years of World War II. We are profoundly grateful to the committee for their untiring, efficient work. A large part of the work fell on the shoulders of the chairman. He deserves our everlasting gratitude for a job well done.

Dr. Wilbert Jackson, who has acted as secretary of our Examining Board for the past several years and whose duties are many in our Society, is also a member of the National Committee on Dental Education. He has made many trips to Chicago during the past year or so at a cost of considerable time and money. We are grateful to him.

Dr. Clyde Minges on the American Dental Association Board of Trustees has made us all proud of him.

Dr. Paul Jones, member of the A.D.A. Board of Dental Examiners, attended an A.D.A. committee meeting in Washington, D. C., in 1945 on behalf of the Postwar Planning Committee.

Thanks to our State Board of Dental Examiners. They have held our dental standards high. Standards that are respected throughout our country.

Our editor-publisher has been thorough and prompt in getting out a splendid, interesting, helpful BULLETIN.

The Executive and Program Committees have met many times during the past two years in the interest of the State Society.

To our efficient and proficient Secretary-Treasurer, who has been prompt, courteous and obliging in all matters, we say, well done. Without him we could never have made the gains we have. Dr. Sanders deserves our thanks.

The performance of many other committees and individuals, too numerous to mention are noteworthy. You will find their reports interesting and enlightening. We appreciate their efforts and accomplishments.

If I may, I would like to make the following recommendations for your consideration:

(1) The duties of the Secretary-Treasurer of the North Carolina Dental Society have become so numerous and time consuming that it has become necessary to divide his load with others.

I recommend that some practical plan be adopted whereby his duties will be materially lightened.

(2) Many valuable essays and clinics presented before our District Societies are lost almost immediately after presentation.

I recommend that these contributions be preserved and published in our BULLETINS

(3) Our Vice-President, Dr. Ken Johnson, along with our President-Elect and Secretary-Treasurer, attended all of the district meetings. Dr. Johnson felt left out because he had specific duties to perform.

I recommend that the Vice-President be allotted definite duties.

(4) I recommend that postgraduate extension courses be resumed.

In closing, may I say that what success our North Carolina Dental Society has enjoyed is proof evident of the splendid, harmonious endeavors of all the officers, committees and members. I am thrilled that we can meet again in this pleasant and beautiful environment. Please believe me grateful for all the courtesies and kindnesses shown me as your President for the past two years. The memories, associations and inspiration will ever serve to stimulate me for my best service to dentists and dentistry.

May we influence our sons and younger friends to want to serve their day and generation in one of the finest professions in the world—dentistry.

Vice-President Johnson:

We thank you very much, Dr. Barker, for your interesting and thought-provoking message.

The following members will serve as a committee to consider and report upon the President's address: Dr. Paul E. Jones, Dr. A. C. Current, and Dr. D. L. Pridgen as Chairman.

I now turn the Chair back to President Barker.

President Barker:

Thank you, Dr. Johnson.

The next thing on the program is the report of the Necrology Committee by Dr. W. M. Matheson of Boone.

REPORT OF THE NECROLOGY COMMITTEE

Wm. M. Matheson:

Mr. President, Members of the North Carolina Dental Society: It is with regret that we cannot have our beautiful customary necrology report at this time with an individual biography read for each departed member, but time does not permit the reading of the sixteen prepared papers. They will, however, be printed in the proceedings, giving the author of each as part of the records of our present meeting. Our good comrades of yesterday really need no monument shaped by our hands. Through the excellency of their lives and the fullness of service to their fellow man they have erected for themselves a monument more enduring than granite and more permanent than bronze or steel.

After a period of two years, we, of the North Carolina Dental Society, are privileged to meet again in fine fellowship, to make new friends, to renew old ones, and to enjoy the benefits of an invaluable scientific program. There are members who are not with us today. Some are kept away because of duties that could not be denied, and some because of illness or the illness of loved ones. But there are others, sixteen others, who have been called to their great reward, "to that house not made with hands, eternal in the Heavens!" These sixteen we now pause to memorialize:

- Dr. John E. Banner, Mount Airy, July 3, 1945.
- Dr. Stacy E. Butler, Scotland Neck, June 5, 1945.
- Dr. J. F. Campbell, Hickory, August 12, 1944.
- Dr. B. L. Frink, Asheville, April 2, 1945.
- Dr. M. M. Harris, Elizabeth City, August 25, 1944.
- Dr. L. O. Herring, Charlotte, January 4, 1946.
- Dr. J. H. Ihrle, Wendell, August 11, 1945.
- Dr. R. A. Little, Asheville, May 6, 1945.
- Dr. J. G. Marler, Yadkinville, November 16, 1944.
- Dr. Sovereign P. Purvis, Salisbury, August 29, 1944.
- Dr. George Salisbury, Asheboro, December 28, 1944.
- Dr. A. M. Schultz, Greenville, February 24, 1946.
- Dr. Emmett W. Shackleford, Durham, November 20, 1945.
- Dr. O. P. Smith, Charlotte, May 4, 1945.
- Dr. R. E. Spoon, Winston-Salem, March 8, 1945.
- Dr. Bryan C. Taylor, Landis, June 10, 1944.

In the seventeenth century a famous poet, preacher and philosopher wrote words which on this occasion should give us pause:

"No man is an island, entire of itself; every man is a piece of the continent, a part of the mainland; if a clod be washed away by the sea,

Europe is the less; . . . thus any man's death diminishes me, because I am involved in mankind; therefore, never send to know for whom the bell tolls: it tolls for thee."

Fellow members, never before in the history of mankind have we so desperately needed a oneness in this world; its absence will bespeak a damper to modern civilization too horrible to describe.

And so it is with our own professional organization. The oneness, the unity, we cherish has been bought through the labors of each for the good of all. Our brothers whom we do now commemorate have toiled diligently to procure and preserve this unity. Their harvest has become our heritage—their dole has become our dowry. The bell which tolled for them likewise tolled for us. If it be true—as true it is—that we become a part of all we meet, then indeed were we a part of them even as they were a part of us. When they left us, a part of us joined them in their journey; but what they left us as their rightful heirs is a challenge to the best in all thinking men. God help us to accept the challenge, to seize with courage and confidence the torch of humanitarianism, and to bear it brightly before us so that when we, too, must lay it aside, we may fervently and truthfully identify ourselves as being:

"One who never turned his back but marched breast forward,
Never doubted clouds would break,
Never dreamed, though night were worsted,
(that) wrong would triumph
Held we fall to rise, are hobbled to fight better,
(we) sleep to wake."

These our comrades did daily add to the sum of human joy, and were every one to whom they did some loving service to pluck a rose and place it on their graves, they would sleep today beneath a wilderness of flowers.

Mr. President, this concludes the report of your Necrology Committee.

DR. JOHN E. BANNER

1867-1945

Dr. John E. Banner, retired dentist, who had been critically ill at his room in the Blue Ridge Hotel for more than two weeks, died Tuesday night, July 3, 1945, about 10:30 o'clock. He had been in a coma for some days and the end was not unexpected.

Dr. Banner was 78 years old and continued his profession of dentistry until a few years ago. His skill was widely known and his services much sought after. He was the son of Dr. C. L. Banner and Mary Etta Tatum Banner, deceased, and was married in 1905 to Miss Elizabeth Susan Tulstn of Mount Airy. She died in 1939.

One son, Lieut. Worth Banner of the U. S. Navy, Washington, D. C., and one sister, Mrs. J. L. Sporks of Americus, Ga., survive.

Dr. Banner was a life member of the North Carolina Dental Society.

JOHN ASHBY.

DR. STACEY EXCELLE BUTLER**1890-1945**

Dr. Stacey Excelle Butler, aged 54, practicing dentist of Scotland Neck, North Carolina, departed this life on June 5, 1945, following a brief illness.

Dr. Butler was born in Clinton, North Carolina, on December 24, 1890. He received his elementary education in the schools of Clinton, later entering Mars Hill Junior College. Dr. Butler then entered the Baltimore College of Dental Surgery from which he was graduated in 1914, with the degree of D.D.S.

Dr. Butler began his practice in Warsaw, N. C., and moved to Scotland Neck, N. C., to continue the practice of dentistry, in the year of 1923.

He was a member of the Fifth District, the North Carolina Dental Societies, and the American Dental Association.

Dr. Butler was a member of the Methodist Church of Scotland Neck, which he served devotedly. He was at one time superintendent of the Methodist Sunday School, and served on the Board of Stewards. He was also a member of the church choir.

Dr. Butler was a veteran of World War I, and an active member of the American Legion.

In June, 1920, he married Miss Elizabeth Jerome of Rose Hill, N. C., who survives him. There are also two children surviving Dr. Butler, these being Lieut. Jerome Butler, now in the Pacific, and Miss Myra Douglas Butler of Scotland Neck.

C. G. POWELL.

DR. J. FRED CAMPBELL**1895-1944**

The many friends of Dr. J. Fred Campbell were shocked and grieved to learn that in the early morning of August 12, 1944, he had passed away with an acute heart attack, at his home in Hickory, N. C. Having left his office the afternoon before in his usual good health, this news was indeed a shock to the entire town.

Dr. Campbell was a native of Hickory, and except for three and a half years that he practiced at Badin, N. C., after the first World War, he had been in Hickory associated with Drs. C. B. Yount and J. F. Fritz.

He was born on October 1, 1895. His parents, C. P. and Laura Litaker Campbell survive him, also his wife, the former Gertrude Klassett of Atlanta, one daughter, Mrs. C. Bidwell Ivey.

After finishing the Hickory schools and finishing at Lenoir Rhyne College, he entered Atlanta Dental College, finishing in 1918, went immediately into the service of his country.

Dr. Campbell was a member of National, State, and Tri-County Dental Associations. Also a member of Catawba Board of Health, a member of the American Legion and a life-long member of the Presbyterian Church.

He was a man of pleasing personality, children as well as old people loved him. He was not too busy or too tired to give a bit of cheer and happiness to children. He was indeed a lovable person. He will be missed by all who knew him, for to know him was to love him.

A. D. ABERNETHY, SR.

DR. BASCUM LEE FRINK

1892-1945

Dr. Bascum Lee Frink, son of W. B. and Sallie F. Frink of Bladenboro, N. C., was born October 22, 1892.

Dr. Frink was one of ten children of a distinguished family. He practiced his profession in his home town, was associated for some time with Dr. Riffin in Lumberton, practiced since February, 1925, in Asheville. His service was his hobby. Dr. Frink enjoyed fishing and was devoted to his home.

Dr. Frink suffered a heart attack and passed away April 2, 1945. Surviving him are his wife, Sadie Rhodes Frink, who was born in New Bern, N. C., and four daughters, Misses Sadie Katherine, 18, Sudie Elizabeth 16, Sallie Lee, 13, and Mary Lou, 11.

Dr. Frink was a member of the First Baptist Church of Asheville, the Elks Lodge, the First District and N. C. Dental Societies, and the American Dental Association.

He was a friend to man.

WALTER E. CLARK.

DR. MARION M. HARRIS

1879-1944

Dr. Marion M. Harris was born on August 13, 1879, in Fairfield, North Carolina.

He attended Fairfield schools, and entered A. & M. College where he graduated in electrical engineering. He then entered the Medical College of Virginia, from which he received the degree of doctor of dental surgery in 1903.

He married Miss Margaret Simmons of Williamston, N. C., and located in Elizabeth City, N. C., where he practiced for 36 years.

Dr. Harris was injured in an automobile accident in 1940, and died four years later on August 23, 1944.

He is survived by his wife and five children, Dan S., Marion M., Jr., William A., Margaret S., and Graham C.

Dr. Harris was a member of the American Dental Association, North Carolina Dental Society, and the Fifth District Dental Society.

Dr. Harris was one of the notably skilled members of his profession and was loved by all his patients and friends.

H. E. NIXON.

DR. L. ORVILLE HERRING**1902-1946**

It is with deep regret that we at this time pause and review the passing of our fellow dentist, Dr. L. Orville Herring.

Of the boyhood lives of most of the individuals who have made up our dental organization in Charlotte, little do we know. However, we met about 20 years ago when he came to Charlotte. Dr. Herring was one of the quiet reserved type of men with a great heart full of understanding and appreciation for his fellow man. He labored here for these years and brought a refreshing glow of appreciation as he worked from year to year, by dealing fairly and living such an exemplary life.

It is not for us to know and neither can we understand why one in the prime of life should be taken. These we leave to our Heavenly Father, who knows best, but it has been a joy to work along with men of such knowledge, both in the field in which he serves and in his daily life.

Dr. Herring was born January 23, 1902, and took his education at the University of Maryland, Baltimore, Maryland. He was a Past President of the Charlotte Dental Society. He was a Mason and a Shriner, and a member and Past President of the Civitan Club. He was also a member of the Myers Park Baptist Church in which he was active from the time of its inception. Before going to the Myers Park Church, he was an active member of the First Baptist Church, and there he held many important positions.

Dr. Herring died January 4, 1946, and is survived by his wife, the former Mary Elizabeth Parker of Graniteville, S. C.; two daughters, Dorothy Louise and Mary Elizabeth; his mother, Mrs. L. C. Herring of Clinton, and seven brothers also survive his passing.

As we mourn his passing, we are tempered with the knowledge that the King of Kings and the Lord of Lords deals justly, and we have confidence that He shall place him at the right hand where all men whose hearts and souls are atune to His shall reap the proper reward.

AMOS S. BUMGARDNER, *Chairman*

J. DONALD KISER

JOHN R. PHARR

DR. J. H. IHRIE**1871-1945**

Dr. J. H. Ihrie of Wendell, N. C., was born at Pittsboro, N. C., in 1871, and was graduated from the University of Maryland with the class of 1895.

He obtained his license a few years later and practiced at Pittsboro, Sanford, and Wendell, N. C.

He soon became a member of the North Carolina Dental Society and for some years was a regular attendant at its meetings.

For the last few years his health had not been good and his friends had seen very little of him.

For several years he had been on the inactive list of members and for a year and a half before his death he was hopelessly paralyzed, but up to the very end of his life he was bright and cheerful, bearing his affliction bravely and met death with a smile on August 11, 1945.

J. MARTIN FLEMING.

DR. RALPH A. LITTLE

1886-1945

Dr. Ralph A. Little, one of the most popular and most prominent dentists of Asheville, passed to his eternal reward on May 6, 1945, after a critical illness of several weeks' duration. He had been in his office and enjoying the busiest practice of his life for the period of stress and strain which has seen eleven of the local dentists in Asheville called away by the Great Physician, six years past.

Dr. Little was the son of Dr. J. B. Little of Hickory, N. C. He was born in Newton, N. C., on November 14, 1886, attended public and high schools there, then went to Catawba College where he made a most enviable record as a student and outstanding athlete. He attended the Atlanta Dental College and graduated in 1905. He practiced with his father, Dr. J. B. Little for few years then moved to Asheville where he was a leader and excellent dentist for 29 years.

This attractive man was married to one of the loveliest ladies ever admired. Dr. and Mrs. Little (Miss Mildred Crowell of Newton, N. C.) were married in 1912. Surviving with Mrs. Little and his father, Dr. J. B. Little of Hickory, are four sons, Ralph Little, Jr., of Washington, D. C., Capt. Crowell Little of the U. S. Army and one of North Carolina's All America football players, J. B. Little of Asheville, N. C., and W. H. Little of Savannah, Ga. Three grandsons and two sisters, Mrs. Vena Little Goode and Miss Myrtle Little of Hickory also survive their late lamented grandfather and brother.

Dr. Ralph Little was most active in World War I. He served at Hot Springs, N. C., being requested for a special detail of service for a large group of German prisoners. He was a Mason and served as President of the First District and Buncombe County Dental societies. He was active in the North Carolina State and the American Dental Association. At the time of his demise, he was serving as the Secretary of the Buncombe County Dental Society. He was a member of the Methodist Church.

No dentist ever served his profession more faithfully and completely than did Dr. Little. He was popular not only in his professional alliances, but socially and civically. A grand raconteur and prince of good fellows, he was always welcome in every group. Ralph Little loved life, his family and his profession. Truly he always tried to do not only his part but his most. His fine family and host of friends and clientele will keep alive for eons his memory, his myriad good services and useful days spent amongst us.

DR. JOHN G. MARLER**1869-1944**

Dr. John G. Marler was born in Yadkinville, North Carolina, in the year 1869, graduated from the Dental School of the University of Maryland in 1901, and practiced in his home town until his death.

Funeral services were held at the old Marler home on August 4, 1944, and he was buried in the cemetery of the town where he was born, in his beloved Yadkin County. A large assemblage of people bore evidence of the high esteem in which he was held.

Dr. Marler was one of the most popular and probably the most beloved men in Yadkin County.

This writer does not believe that he ever did an unkind deed to, or said an unkind word of any man.

The world in which we live is a better place for the lives of such men as Dr. Marler.

E. G. CLICK.

DR. SOVEREIGN PASCHAL PURVIS**1877-1944**

Dr. Sovereign Paschal Purvis, 67, practicing dentist in Salisbury, N. C., for more than 36 years, died at Pine Bluff Hospital on August 24, 1944. He had been taken there eleven days before for a rest following five weeks' critical illness. He had been seriously ill since suffering a heart attack July 7. His death followed another attack suffered August 21.

Dr. Purvis was born in Martin County. He attended elementary school at Hamilton Academy, preparatory at Oak Ridge Military Institute and continued his studies at State College, Raleigh. Upon graduation from Baltimore Dental College, he came to Salisbury and remained there until his death.

He earned a high place in the community both professionally and personally. He had a rare talent for friendship and was sincerely loved and esteemed.

On December 7, 1917, he married Belle Hicks of Henderson, who survives. Three daughters and one sister also survive.

Dr. Purvis was a member and deacon of the First Presbyterian Church. He was also a member of the Lions' Club and was a devoted and enthusiastic Mason.

He was a member and Past President of the Rowan Dental Society and was the first President of the Piedmont Dental Society, in the organization of which he assisted in 1929.

E. G. CLICK.

DR. GEORGE RUDOLPH SALISBURY**1882-1944**

Dr. George Rudolph Salisbury died at Asheboro, N. C., December 28, 1944, following a long period of illness.

He was born in Berlin, New Hampshire, May 22, 1882. He received his degree in dentistry from the Baltimore College of Dental Surgery in 1902. Returning to his native state he entered practice at Meredith, later moving to Manchester.

About 1925 Dr. Salisbury came to North Carolina, locating in Greensboro, where he practiced for several years before moving to Murphy. In 1933 he moved to Asheboro where he remained until the time of his death.

He was a member of the State Society, American Dental Association, Congregational Church, Kiwanis Club, and Masons.

Funeral services were held at Asheboro, following which the body was removed to South Paris, Maine, for burial in the family plot in Riverside cemetery there.

O. L. PRESNELL.

DR. ALFRED M. SCHULTZ

1893-1946

Dr. Alfred M. Schultz died suddenly at his home in Greenville of a heart attack February 24, 1946. He had been in poor health for more than a year preceding his death.

Dr. Schultz was fifty-two years of age, he was a native of Greenville where he attended the city schools, later graduating from the University of North Carolina and obtaining his degree of Doctor of Dental Surgery at the University of Pennsylvania in 1915.

Upon graduating, he located in Greenville, entered the Army in 1917 as first lieutenant from which he was discharged in 1918 at the end of the war. After the war he was with the North Carolina State Board of Health until 1921 when again he engaged in private practice.

Joining the North Carolina Dental Society in 1915, he was one of its most loyal members and never missed a meeting from 1915 until the time of his death.

Dr. Schultz had a fine sense of civic pride and contributed of his time and financial aid to any worthy cause brought to his attention. At the time of his death he was a member of the Masonic Order, Rotary Club, Pitt County Medical and Dental Society, American Legion, Salvation Army Advisory Board and Boy Scout Executive Council.

In his practice he carried out the finest ideals of dentistry and it was a privilege to know and associate with a man who in his daily life and work carried out the precept of the golden rule.

He is survived by his mother, Mrs. Bluma Abram Schultz and one sister, Mrs. L. H. Bowling, both of Greenville.

Burial was in the Jewish cemetery in Richmond, Virginia.

PAUL FITZGERALD.

DR. EMMETT W. SHACKLEFORD**1877-1945**

Emmett W. Shackelford, D.D.S., was born in Middlesex County, Virginia, April 15, 1877, a son of William and Mary Cooke Shackelford, both of whom were Virginians. After completing the courses of the local public schools, he was sent to St. Pauls private school in Baltimore and later took his professional training at the Medical College of Virginia in Richmond, graduating in 1900. Immediately after his graduation, he began the practice of dentistry at South Boston, Virginia, where he spent five years.

In March, 1905, he came to Durham and opened his offices where, by his gracious manner and skill in his profession, he soon became one of the city's leading dentists, and a popular, public-spirited citizen. In October of that same year he married Frances C. Owen of Dinniston, Virginia, daughter of Daniel Owen, a distinguished Virginian who served in the State Senate for 15 years. Four children were born to this union, Mrs. Agnes Lee Parks, Emmett, Jr., Daniel, and Walter.

Dr. Shackelford, or "Shack" as he was affectionately called by his colleagues, was an active member of Trinity Methodist Church, being Superintendent of the Adult Department and leader of the singing in that group. He especially enjoyed and appreciated music. Fraternally he belonged to the Masons, the Odd Fellows, and the Junior Order. He was a charter member and director of the Kiwanis Club; the Durham-Orange Dental Society, of which he was at one time President; the North Carolina Dental Society, of which he was at one time Vice-President; and the American Dental Association.

Dr. Shackelford had been in declining health for about a year and had not been in his office for some months; however, his death on Tuesday, November 20, 1945, came rather suddenly and was a distinct shock to his many friends. He was a Christian gentleman, loyal friend, conscientious and skilled in his profession; and we shall miss him.

D. K. LOCKHART.

DR. OSWALD PATTON SMITH**1898-1945**

Dr. Oswald Patton Smith was born in Hendersonville, N. C., on January 12, 1898, the son of B. S. and Alice Patton Smith.

After his early schooling in the Hendersonville schools, he attended the University of North Carolina in 1914-15. While there he was on the track team, and the Di Society.

He matriculated at the University of Maryland in 1918 and received his degree in dentistry from that school in 1922.

He was a member of the Psi Omega and Phi Sigma Kappa fraternities; also of the Presbyterian Church.

Dr. Smith practiced for a short time at the State Hospital at Morganton, following which he practiced in Asheville, Hendersonville, and during the last year or two at Charlotte, where he was associated with Dr. T. I. Allen.

Dr. Smith died May 4, 1945, while still in the prime of his life, another victim of the strains and stresses of life in the rush and hurry of war.

DR. RILEY EUGENE SPOON, SR.

1892-1945

Dr. R. E. Spoon, Sr., was born in Alamance County, North Carolina, on August 14, 1892, the son of F. L. and Margaret Spoon. He died suddenly in his office in Winston-Salem on March 8, 1945. His death was a great shock to his family, to the community and to the many friends who mourn his loss.

"Gene," as he was affectionately known to many of us, spent his early life in Alamance County. He was graduated from Sylvan High School there, where he took an added interest in extra-curricular activities, especially athletics. After graduation he entered the Atlanta Southern Dental College in Atlanta, Georgia, receiving his D.D.S. degree from that institution in June, 1917.

On November 3, 1917, he was married to Miss Esther Coble of Burlington, N. C., who survives him. To this happy union were born four children, three sons and one daughter, all of whom survive. The eldest son, Dr. R. E. Spoon, Jr., is now practicing dentistry in Winston-Salem after 35 months' service in the Army Dental Corps. Lieut. Frank L. Spoon is still in the Army Air Forces stationed at Walla Walla, Washington. Seaman First Class Jack L. Spoon is in the United States Navy stationed in Seattle, Washington. Betty Jane Spoon, the only daughter, is at home with her mother and is attending the Reynolds High School. In this family "Gene" had justifiable pride.

Dr. Spoon began his practice in Gibsonville, N. C., in the office of the now Col. Tom Spoon of Camp Butner, N. C. After about two years there, he came to Winston-Salem where he was associated with Dr. J. C. Watkins for nine years. After that time, he opened his own office where he practiced until the day of his death.

He was a loyal and faithful member of the First Baptist Church, the Civitan Club, the Forsyth Country Club, the American Dental Association, and all the component societies. He served as a deacon in the Brown Memorial Baptist Church and later in the First Baptist Church until his death. He was a Past President of the Forsyth County Dental Society, served on many important committees in the North Carolina Dental Society and the Second District Dental Society, and was always a loyal and coöperative member of all these organizations.

Dr. Spoon gave freely of his time, money and ability to his community. He was on service at the City Memorial Hospital and the North Carolina Baptist Hospital for several years. He also was greatly responsible for

securing the gift of a complete dental unit for the North Carolina Baptist Hospital and the Bowman Gray School of Medicine in Winston-Salem.

Dr. Spoon loved his life's work and practiced it with an enthusiasm and zeal of which few of us are capable. In his going, this society has lost one of its most faithful members, the profession one of its ablest and most conscientious operators, the community one of its most valued citizens, and the family a loving and faithful husband and father. To those of us who had the privilege of knowing him intimately, our lives are made richer because he passed our way.

"He is gone but his memory liveth;
He is dead, his example is here;
The sweetness and fragrance it giveth,
Will linger for many a year."

May our Heavenly Father in His infinite love grant comfort and consolation to the family and to the great host of bereaved friends and comrades.

CLAUDE M. PARKS.

DR. BYRON CLAY TAYLOR

-1944

Dr. Byron Clay Taylor of Landis, North Carolina, died at Duke Hospital, Durham, North Carolina, Saturday, June 10, 1944. He was a native of Alleghany County, son of the late Daniel Preston Taylor and of Mrs. Ellen Edwards Taylor, who survives.

Dr. Taylor attended Atlanta Dental College and was an honor student in his graduating class of 1914. He started his practice in China Grove soon after graduation and became prominent in the civic affairs of his community, being a charter member of the China Grove Rotary Club.

At one time he was Historian for the North Carolina Dental Society of which he was a member. Among his other duties he served on the Rowan County Board of Health for a year.

He leaves his widow, the former Theresa Linn of Landis; two daughters, Theresa and Rebakah, and one son, Byron C., Jr.

Chairman Matheson:

Mr. President, this concludes the report of the Necrology Committee.

President Barker:

Thank you, Dr. Matheson.

Dr. J. Martin Fleming, Raleigh:

I happen to know of one member who has died who is not on that list—Dr. J. R. Ihrle of Wendell, North Carolina, who died on August 12, 1945.

President Barker:

Thank you, Dr. Fleming.

The Chair will now recognize Dr. J. Donald Kiser of Charlotte, who will introduce our visitors.

Dr. Kiser:

Mr. President: It is always a happy privilege in the North Carolina Dental Society to introduce our friends from near-by states, as it is always a pleasure to have them with us. I do not know that this list includes everybody, because registration is not yet complete. I will read it, and will the gentlemen please stand when I call their names.

We have a number of young graduates who have just stood the State Board examination and are delighted to have them as guests at the meeting. We also have a number of men from near-by Army camps and are glad they can be here.

We extend a cordial welcome to each one of our visitors and hope you will call upon us if we can serve you in any way.

Dr. Kiser then read the list.

President Barker:

At this time I am glad to give Dr. Wilkerson a few minutes to present a plan he has, which seems to be operating very well. I present Dr. Benjamin L. Wilkerson of Miami, Florida.

Dr. Wilkerson:

Mr. President, Members of the North Carolina Dental Society, Visitors, Ladies and Gentlemen: For more than one reason it is a pleasure for me to appear before you. I have never had opportunity to attend the North Carolina Dental Society before and I am sure I am going to enjoy every minute of this meeting.

First I should like to bring you greetings from the Florida State Dental Society. I have information from our President that we are to meet in Palm Beach, and we usually meet in the month of November. We are, of course, always glad to have as visitors members of our profession from other states, and we shall be delighted to have you come down and be with us, if it is convenient. Then, too, we are proud of the fact that the American Dental Association has seen fit to designate Miami for the meeting place of the House of Delegates, which I understand will meet in October. I am sure the delegates from North Carolina will be attending, and perhaps some others of you will be down there.

Now, to get to the subject which I am appearing before you to present, I want to explain to you and try to sell you the idea of something we

have had in our Florida State Dental Society for the last 10 years. It is what we call the benefit fund. It is a death benefit fund, and I think it is quite fitting that these remarks of mine come following the report of your Necrology Committee.

We have in Florida a benefit fund for the members of the State Society. Before any dentist can join this fund it is required that he be a member of the District, State, and National Societies. When there is a death among the group who are members of the benefit fund the beneficiary of the deceased (usually the widow, of course) gets up to the amount of \$2.50 per member, which would mean that if there were only a hundred members the widow would get \$250. We strive to have the check reach the hands of the beneficiary before the funeral of the deceased. There are five members of the benefit fund committee, one of whom must be chairman and who handles all the finances and the book work, keeping the records and all those things. The members of the committee, one from each of the five districts of the State Society, are appointed by the Executive Council of the State Society. The chairman, of course, does practically all the work; and it is no little job, believe me. At the same time it is such a wonderful opportunity to do something for our brother member's family that we appreciate it. I have now had charge of this benefit fund, as chairman, since November, 1944. Dr. Frank Sharpe of St. Petersburg had been chairman for about seven years, and he wanted to give it up because of other activities, so I was named to take charge of it. There is no compensation whatever. Nobody gets any compensation out of it. It costs \$6 to join; then, following a death, each member of the benefit fund group is assessed \$2.50. We have money in the treasury, of course, to pay that benefit immediately. That is handled by the Secretary of our State Society, who has, in addition to various other funds, a benefit fund. Right after I was named to handle this work he notified me that there was at that time something over \$1,900 in the benefit fund. We have never as yet had a very large membership—not nearly as large as we should have. The State Society has a membership of between five and six hundred, and we should have that many in the benefit plan. Of course, membership in it is optional, but our members are beginning to get interested in it. When I took charge and went over the books there were only 160 members; now we have 206. So the membership is increasing gradually.

Just think what you can do for the family of a brother dentist in case of a death. Who would hesitate to spend two dollars or five dollars or perhaps more for flowers for the funeral of a brother dentist? That is all very nice; it is appropriate. But if you spend \$2.50 in cash to help that widow and the children you are giving something worthwhile. We had three deaths last year, which is the most we have ever had in one year. Two of the men who died I happened to know had been sick and in hospital for a long time, and you know that piles up expense. Dr. Sylvester of Lakeland had been Secretary of our Society for a long time. He made a short talk in behalf of this benefit fund and said one thing which was very appealing. He said that when he sent out the check from our benefit fund last year after one death he got the most appreciative

letter he had ever had in his life, from the widow of that member. She said he had been sick for a long time and they had spent their last dollar, and this check came at the time when it was most needed. Of course, most of us carry some life insurance, and that is fine, but the check for it does not come in that quickly. We try to get this paid right now. If the Secretary of the State Dental Society finds out about a death in his section of the State before I do, he calls me over the telephone and finds out if the man was in good standing and how many members we can count on, and he then gets the check out immediately by air mail, special delivery. If I find out about a death first, I call him and check with him. We try to get the checks out immediately, because this is a death benefit fund.

It is the duty of the Chairman to send out notices to all the members after a death, calling for the payment of this \$2.50. Then there is an expense fund of \$1 a year, for postage and printing and all such things.

If you look upon it from the standpoint of insurance, it is very cheap insurance. Last year I mailed to one widow a check of something over \$400. The deceased had been a member for about eight years and had paid in only a little over \$34.

I hope you men will think about this thing very seriously and, if you do, I believe you will be glad to put it on. Just before I left I had a letter from the President of our State Society, who had been attending the Alabama State Society meeting. He said the President in Alabama was very much interested. I should be glad to see more states establish such a fund. We find it very worthwhile, and I think you would here.

President Barker:

Thank you, Dr. Wilkerson.

At this time the Chair will be glad to recognize Dr. Clyde E. Minges of Rocky Mount.

Dr. Minges:

Mr. President and Gentlemen: I am very sorry I did not get here sooner.

I have been informed that a number of our members are sick, and at this time I should like to move that the Secretary be instructed to ascertain the names of these men and send them telegrams expressing our regret at their inability to be with us. I know personally of Dr. Johnson and Dr. J. A. Sinclair of Asheville, and I think perhaps Dr. L. R. Turner, down in Jacksonville.

A Member:

Dr. J. W. Zimmerman of Salisbury.

Another Member:

Dr. Irby Hoyle of Henderson.

Dr. John R. Pharr, Charlotte:

I second the motion.

The motion was put to vote and carried.

President Barker:

Dr. Sinclair has been present at every meeting since I can remember, until this one. He asked to be remembered to all of you and that I tell you how sorry he is that he cannot be with us today.

The Chair is again happy to recognize Dr. Clyde E. Minges, who will at this time give us his report as Trustee of the American Dental Association.

REPORT OF CLYDE MINGES, TRUSTEE, FIFTH DISTRICT,
AMERICAN DENTAL ASSOCIATION

There are many problems which I, as a member of the Board of Trustees of the American Dental Association, would like to discuss with all the members of this State Dental Society. Your program, however, is very comprehensive, so I will take time only to touch upon the more important items.

ANNUAL MEETING: I am very happy to report to you that for the first time in the history of the American Dental Association, the annual meeting of the House of Delegates will be held in the Fifth Trustee District. The City of Miami, Florida, has been selected for a business session on October 14-16. As all of you know, the annual meetings of the American Dental Association have been curtailed because of wartime conditions in transportation and accommodations. Scientific sessions were necessarily eliminated and last year not even a meeting of the House of Delegates could be held without violating the spirit of wartime restrictions.

The Board of Trustees recognizes the necessity of having a meeting, with a complete scientific program, as soon as possible. This problem was discussed last February and efforts were made to find a suitable time and place for a full meeting. Because travel and hotel accommodations were almost impossible to secure, the Board of Trustees voted reluctantly to hold a streamlined meeting in 1946, and to plan for a full meeting in 1947. The Board then voted to hold the meeting in Miami.

As Trustee of the Fifth District, I accompanied the General Secretary and Business Manager of the A. D. A., Dr. Harry B. Pinney, and Mr. John J. Hollister, on a trip of inspection to Miami. We found accommodations to be adequate in every way and thus reported to the Board of Trustees. Previous to this trip there had been some discussion of the expense involved for distant delegations in a trip to Miami. As a result

of such discussion, President Walter H. Scherer called a special meeting of the Board of Trustees to examine the problem once again. This meeting was called in Chicago on April 13 and all members of the Board were present.

I took it upon myself, as representative of the Fifth District, to make several points: (1) that the City of Miami had ideal accommodations for a meeting; (2) that a majority of the members of the Fifth Trustee District were eager to entertain and show their hospitality to the parent organization; (3) that the factor of expense had not been an overriding one when delegates from the Fifth District had been asked, for many years, to travel to distant parts of the country; (4) that it was unlikely that the Fifth District would secure, in the near future, sufficient accommodations for a full convention in any city within its boundaries; (5) that if this meeting were withdrawn, the Fifth District, in the predictable future, could not play host to the American Dental Association.

These arguments were given very handsome support by other members of the Board with the result that the Trustees reaffirmed their decision to hold the next annual meeting in Miami. I am sure that every member of the District will do his best to make this one of the most successful meetings in the history of the A. D. A. I call upon every member of the District to prove beyond the question of a doubt that the choice of Miami was a very happy and beneficial one.

GENERAL SECRETARY: The Board of Trustees has also appointed a special committee, of which Dr. LeRoy Ennis, Philadelphia, is chairman, to suggest names to the Board for the office of the General Secretary. As all of you know, the present General Secretary, Dr. Harry B. Pinney, was re-elected in Chicago in 1944. His two-year term is now expiring and it is not anticipated that he will again be a candidate for the office. The special committee will now seek out suitable candidates for this very important position. It is expected that, at Miami, a new General Secretary will be elected.

SURPLUS PROPERTY: All of you, I know, have been concerned with the problems faced by the returning dental officer. These have been many and serious. The Board of Trustees and all of the Councils and Committees of the A. D. A. have spent a great deal of effort on these problems. Needless to say, not all of these efforts have been successful. It is not always possible to move military or governmental agencies at will and many problems are still in need of solution. You may be sure that the A. D. A. will continue all of its effort to do what it can on behalf of the returning dental officer.

The problem of surplus property has been a particularly difficult one. It has been surrounded with so much mismanagement and red tape that even the Congress seems to have been unable to do anything about it. The American Dental Association has firmly maintained that the returning dental officer should have one of the first priorities on surplus dental property. As a result of these efforts and other factors Congress has just enacted an amendment to the Surplus Property Act. This amendment places the dental veteran on a priority with the Federal government.

These two will now have first chance at acquiring the more desirable materials. Although this legislation is an advance, the A. D. A. will continue its fight to have material released in suitable quantities and condition.

ARMY LEGISLATION: During the war, we all know, there was considerable discussion of the status of dentistry in the Army and Navy. The situation has been corrected very largely in the Navy because of the passage of legislation sponsored by the American Dental Association. This legislation will be effective at the end of June and we can expect substantial improvements at that time.

The situation in the Army has not been clarified because there has been so much talk of a reorganization of the Army following the end of the war. Officials of the A. D. A. have been in touch with military officials in an effort to work out a solution. At the moment, it does not seem likely that a solution can be reached without the introduction and passage of equitable legislation. The Committee on Legislation of the A. D. A. is preparing such a bill and it will be introduced shortly into Congress.

NATIONAL HEALTH PROGRAM: For some months now the dentists of the country have been concerned about Federal legislation leading toward a national health program. At its meeting in February, 1946, the Board of Trustees appropriated fifteen thousand dollars to the Bureau of Public Relations to be used for desirable publicity against undesirable legislation. As a result of this appropriation, the Bureau has carried on intensified efforts to inform the public and the profession on the merits of current legislation, particularly the Wagner-Murray-Dingell bill. Pamphlets descriptive of the bill are available on request, without charge, from the Central Office of the A. D. A. The Board has also appropriated additional funds to the Committee on Legislation so that it would be unhampered in its important work.

Hearings on the Wagner-Murray-Dingell bill were held in Washington on April 23. The Committee on Legislation and other officials from the Central Office appeared at the hearings to testify against the bill. Testimony at the hearings will be published in a forthcoming issue of *The Journal of the American Dental Association*. The Board of the Trustees and House of Delegates will consider this important topic at the Miami meeting and you may be sure that the Association will leave nothing undone to prevent the enactment of legislation that is injurious to the public welfare.

VETERANS' ADMINISTRATION: The problems of twelve million veterans are very great. The problem of providing them with necessary dental attention is one of the most important of those now before the profession. The program for providing such dental care after the last war was not a very effective one and the fee schedules under which the program was conducted were not adequate. The American Dental Association has been closely associated with the development of the program. A new, and more adequate fee schedule, has been approved by the Committee on Economics of the A. D. A. This fee schedule will be used by the Veterans' Adminis-

tration to discuss readjustment at the state level with State Dental Societies. It is not a national fee schedule but merely one which can be used as a basis of further discussion by the State Dental Societies involved. The program has also been approved in that the veteran will have free choice of dentist provided (1) that the dentist agrees to accept the working conditions of the program and (2) that the dentist has the approval of the State Dental Society. In this way the dental work will be distributed more regularly and equitably to the advantage of the patient. Announcement of this entire program is expected in the near future. The A. D. A. will keep in close touch with this program since it is entirely possible that eventually 30 million people will be entitled to dental care under it.

APTITUDE TESTING: At its recent meeting the Board of Trustees also voted funds to begin a program of aptitude testing for prospective dental students. This action is in keeping with the desire of the A. D. A. to foster by every means within its power the recruitment of properly qualified dental students. Such a program will be most helpful in eventually overcoming the drastic shortage of dental personnel which now exists in some areas of the country.

THE JOURNAL: I think many of you have noticed the news coverage which *The Journal of the American Dental Association* is now giving you. Our present editor has devoted much time to improve the various departments of *The Journal*. The editorial section has been enlarged, with a view of covering a wide variety of subjects in a single issue. Much stress has been placed on the problems of dental officers in the armed forces. A book review section is being featured. Approximately two hundred publishers have been asked to submit books for review. Other improvements are being made and within a month or two *The Journal* will be entirely redesigned to provide a more attractive appearance.

There are many other things that I would like to discuss with you, because only by understanding our problems can we solve them. Time, however, does not permit such an exhaustive examination. I know all of you will feel free to ask any questions that you like and I will do my best to answer them. If I do not have the data available, I am sure they can be secured from the Central Office.

President Barker:

Thank you, Dr. Minges, for this fine report, and for the splendid job you are doing as a member of the Board of Trustees of the American Dental Association.

The Chair is delighted at this time to recognize Dr. Wilbert Jackson of Clinton, who will introduce and present our next speaker.

Dr. Jackson:

Mr. President and members of the North Carolina Dental Society: I am very happy and deem it an honor to present

to you the editor and publisher of *The Journal of the American Dental Association*, a journal second to no other dental journal in the world, Dr. Harold Hillenbrand of Chicago, whose subject is "Background for Action." Dr. Hillenbrand

BACKGROUND FOR ACTION AND
THE FUTURE OF DENTISTRY AS A HEALTH SERVICE¹

HAROLD HILLENBRAND, D.D.S., *Editor, Journal A. D. A.*

Mr. Chairman, Dr. Ward, Members of the Michigan State Dental Society, Ladies and Gentlemen:

When a few moments ago they gave me a carnation, I wasn't too sure whether I was to attend a wedding ceremony or a funeral. Now, after having heard Dr. Ward's eulogy, I am sure which ceremonial it was really meant to be.

We will discuss this morning the future of dentistry as a health service, eliminating all those other details of dental practice. Primarily we will be concerned with better dental health for more of the American people.

It seems to me that the future of dentistry as a health service will be influenced by five factors: First, on our ability as a profession to recognize the problems of dental need, dental costs, and dental man power; second, on how carefully we select from the possible alternatives in solving these problems; third, on how successfully we oppose legislation that is detrimental to improved programs for dental health; fourth, on how quickly we enact legislation of our own design at city, state, and national levels; finally, and perhaps most importantly, on how effectively we learn from experience and how effectively we assume leadership.

First, let us determine the size of the problem. As you all know, there are great statistical voids, great areas of lack of knowledge in which we cannot be quite sure what we are talking about. The figures that I am going to give you have been taken from what I consider to be reliable studies and the best available sources.

With these preliminaries let me give you a rapid sketch of what the problems are in dental needs, dental costs, and dental man power.²

If you took all of the American children, between the ages of six and eighteen, to a dentist and gave them the fillings they need now (and that means caring for accumulated dental defects or initial care) you would have to insert a total of 244 million fillings.

This represents the accumulated dental defects, or, if you prefer, the dental neglect, in the mouths of American children. If through some program or other you were able to correct all of those defects, you would have to insert annually, in order to take care of new cavities in the mouths

1. Except for the first few paragraphs, the essence of this article was given before the N. C. Dental Society. May 6, 1946.—Ed.

2. Much of the material following has previously been published in the N.Y.J. Dent. 15:143. April, 1945

of American children, 33 million fillings every year. But all of this is still only a small part of the complete program.

If you took all American adults and gave them the fillings they need (again, this is called the "accumulated need") you would have to insert 285 million dental fillings. And once you got that done, all you would have to do every year in the mouths of American adults as far as fillings alone are concerned would be to insert an additional 79 million dental fillings. And all of us know that you cannot legislate dental fillings into existence. The total backlog of accumulated defects, therefore, is somewhere around one half billion fillings in this country in accumulated need.

But fillings are only a small part of the dental problem. Nobody knows, and nobody is willing to guess at, the amount of extractions which the American public needs at the present time in order to restore these mouths to a healthy condition. Dentists would have to extract 25 million teeth for American adults. And in order to replace those teeth, each year dentists in this country would have to insert 11 million prosthetic appliances of one type or another.

And here we still have only a very small phase of the dental problem. To this total of fillings, extractions and prosthetic appliances must be added an unknown number of roentgenographic examinations, diagnoses, prophylaxes, treatments of periodontal diseases, orthodontic, surgery and root canal treatments, and all of those other things that go to make up a sound dental practice.

There you have a rough and admittedly cursory sketch of the dental need in this country. And, you will remember, you and I and all the rest of the dentists take pride in the fact that this country has the best dental service in the world.

That is one of the points I would like to make this morning. When we recognize the problem of dental need, then we can no longer go about saying there is no problem; we can no longer go about defending the status quo; and we can no longer go about saying there is no need for dental planning if we are to provide this health service for all of the American people.

Dental need, however, represents only one third of a very great problem. There is also the problem of dental cost.

There are two ways of looking at dental cost: the individual cost and the national cost.

If we took the average American adult to a clinic and gave him what the economists like to call "initial care", it would cost between \$55 and \$60 for each individual. To take care of him after he has had his initial care would require, according to one estimate, about \$30 a year.

Those are individual costs. What do they mean in terms of 140 million? Melvin Dollar, of your State University, estimates that to provide initial care for the American people would require an expenditure of five billion dollars. He has further estimated that to provide maintenance care each year for the general population would cost one billion dollars. As a matter

of realism, I ask if it is likely that such amounts will be made available for dental care within any predictable period. You will remember one billion dollars is about twice the amount of money all of the American people spent for all types of dental care around 1940. It will require, therefore, two times that amount just to provide maintenance care, without spending anything on the old defects that have been collecting for generation after generation.

When discussing costs, whether it be in households or in dental programs, the average solution is to find some way of lowering costs. There have been many proposals in dentistry to lower the costs of service. The first suggestion sounds easy: Let's have clinics. There is no indisputable evidence that dentistry can be done more cheaply in clinics than in private offices, but here again is an area in which we need considerable more information.

The second suggestion, of course, is to lower the standards of dental care. But all of us know what happened to the quality of service in the days of the Emergency Relief Program.

The third method, and all of us are familiar with it, is to reduce dental fees; but when you look at the national average of dental incomes, you will find that they can stand very little if any reduction and still provide a decent standard of living for those who are professionally trained.

The fourth method, and perhaps the most constructive, is to reduce the costs by making better use of accessory dental personnel such as dental technicians, dental assistants and dental hygienists. But here again there is an area in which a good deal of evidence is needed.

The final suggestion to reduce cost is that dentists increase their own efficiency by use of newer and better equipment and by the use of more equipment. Those interested can refer to Klein's¹ study on that subject.

One additional point should be made in conclusion. No expenditure by government, even if it is five million dollars, is too much for dental care in this country. The richest nation in the world, which has just fought a very costly war, can afford any amount that it takes to provide dental health for all of its people. Such an expenditure, however, must be a practical, realistic and productive one and it must not be repeated year in and year out without an effective hope of ever diminishing it.

If you think the two phases so far discussed are not difficult of solution, I present a third, that of dental personnel. The law presently limits the amount of dental service that can be done by those who are licensed to practice in the various states. At the present time licensing is limited to dentists and to a much more limited extent, to dental hygienists. There are about 75,000 dentists in this country of 140 million people. I shall not discuss dental personnel at length because Dr. Morrey will discuss it much more fully on the program this afternoon. However, it may interest you to know that 45 per cent of all dentists in this country are fifty-five years of age or over, half of the dentists are forty-five years of age or

¹ Klein, Henry. *Civilian Dentistry in Wartime*. J.A.D.A. 31:648, May 1, 1944.

over. What does that mean? It means that dentistry is an aging profession in the face of an increasing demand for service. Before the war, each year about twenty-two hundred dentists died or retired. Before the war, each year about seventeen hundred dental students were graduated. To say that another way: before the war, dentistry's annual death rate was twenty-two hundred compared to a birth rate of seventeen hundred, making an annual decrease of about five hundred dentists. This again means a declining and aging profession in the face of increasing dental demand.

Dentists are not very well distributed over the country. In Mississippi, there is one dentist for every 5,870 people; in Arkansas, one for every 5,024; in Michigan, one for every 1,749 (that figure is very close to the national average of 1:1,731); in Ohio, one to 2,378; in Indiana, one to 1,766; in Illinois, one to 1,152; in New York, one to 1,256; and in Washington, D. C., one to 1,017.

Horner has estimated that in 1945 the national average of dentists to patients was one to 1,740. Last year the ratio had increased to one dentist for every eighteen hundred. Horner further estimates that by 1950 there will be one dentist for every 1,938 people in this country.

Less dentists, therefore, are getting more and more people to serve. This is another one of the things which you cannot solve by legislation, because the solution requires a long, carefully detailed and constructive program.

In the State of Michigan out of eighty-three counties, forty-three counties have less than ten dentists. This means that dentists even in this populous state are not particularly well distributed and when you compare Michigan and Mississippi, you begin to see the scope of the distribution problem. Even if the Wagner-Murray-Dingell bill should pass, there still would be no way of getting dental care to many people for the simple reason that there are no dentists in many areas.

There are many who say, let us fill the gap by using dental hygienists. Nobody knows accurately how many there are. In 1943, there were only 243 graduates in the entire country. Unless that personnel picture is improved little aid can be expected from this quarter.

I have some other figures, and I am not sure of their exact significance and implications. In 1920, the volume of business of the commercial dental laboratory was fifteen million dollars. In 1935, the amount had been tripled: forty-six million dollars. In 1943, the commercial dental laboratories were doing business at the rate of one hundred million dollars a year. A year later, that figure had gone up to a hundred and twenty-five million dollars. Last year, it is estimated, that the commercial dental laboratories of this country had an income of one hundred and forty-five million dollars.

Those figures are interesting if you will reflect that they roughly represent one quarter of all of the money that was spent for dental care in the United States in 1941. In other words, one quarter of all the money spent for dental care in the United States in 1941 went to the commercial dental laboratories.

Let me summarize the problem of dental need with these summary statements:

If you took all of the dentists in the United States in 1938 and asked them to do initial care they would have been able to provide such care for two million out of one hundred and thirty million of the population.

If you took all of the dentists in the United States in the same year and asked them to spend two thousand hours at the office—with 94 per cent of that time at the chair—they would have been able to provide for all of the people over two years of age one single hour dental appointment.

If you took all of the hygienists in the country in 1938 and asked them to work under the same conditions every person in the United States over two years of age would be entitled to exactly four minutes of dental prophylaxis.

And, at this point, let us make some conclusions: First, the dental problem is big; second, the problem involves large costs; third, there is a lack of personnel sufficient to solve the entire problem now.

I am now going to present some of the alternatives which are the basis of a national dental program. The alternatives are not as simple as they seem to be. They involve tremendously complex social, economic, and professional problems.

The first thing to decide is whether you are going to give *complete* or *partial* dental care.

The second, are you going to take care of all the people as the Wagner-Murray-Dingell bill promises, or are you going to select priority groups such as children and the indigent?

The third, are you going to try to catch up with generations of accumulated neglect by giving initial care or are you going to provide only maintenance care?

The fourth, and perhaps this one has been overemphasized in many discussions, are you going to make the program voluntary, or are you going to make it compulsory?

The fifth, are you going to pay for this out of private funds, or are you going to pay for it out of tax money?

The sixth, are you going to control the program at the national level, or at the state and community level?

The seventh, are you going to try to conduct your program under present standards of dental practice, or are you going to raise or lower them?

Finally, are you going to provide dental care through dentists alone, or are you going to utilize the accessory groups?

The reason these alternatives are presented is not so that you can amuse yourselves by designing a national health program, but so that all of us can attain some basis of uniformity in selecting the issues. When we thus reinforce individual opinion by common agreement, then dentistry will have an effective voice in designing the program.

That brings us to our third point of discussion. What solutions have been proposed for this problem which presents so many complex alternatives? There are many.

We have been hearing so much about the current Wagner-Murray-Dingell bill, hearings on which started before the Senate Committee on Education and Labor on June 2. The American Dental Association appeared before this committee on June 23.

It doesn't seem to me that we can understand any one of the three recent Wagner-Murray-Dingell bills unless we go back and examine the background.

Prior to 1935, there was no comprehensive system of social security at the Federal level. States and communities were accustomed to doing these things out of their resources. States and communities tried to find out what their own needs were, and in their fashion, met them. During the depression, state and local funds were exhausted and the Federal government became active in this area.

In 1935, Congress adopted the first comprehensive system of social security in this country, designating the bill as the Social Security Act of 1935. One would anticipate that such a comprehensive act would include medical and dental benefits. The Social Security Act of 1935 did not include such benefits because President Roosevelt was unwilling to risk the passage of the entire program by including the controversial issue of medical and dental benefits. So, the original bill was passed without including medical and dental benefits which admittedly belong in any sound system of social security.

The 1939 Wagner bill, the first Wagner-Murray-Dingell bill of 1943, and the second Wagner-Murray-Dingell bill of 1945 are all in the form of amendments to the basic Social Security Act of 1935. Therefore, the Wagner-Murray-Dingell bill should be considered against this background of the Social Security Act.

The last in this series of Wagner-Murray-Dingell bills is not quite typical. This bill was introduced in May, 1945, and referred to the Senate Committee on Finance, which was not particularly interested in considering it. In an effort to get hearings on the bill after President Truman had delivered his message on health on November 18, 1945, Senators Wagner and Murray introduced a new bill which did not have provisions for raising money. This made it a different type of bill and it was referred to the Senate Committee on Education and Labor. This gesture was merely a tactical one calculated to get hearings on the bill.

The bill is based on two very different philosophies. The Social Security Act of 1935 was based on the principle of grants-in-aid under which the Federal government made money available to the states for certain purposes. Under that system the states have the right, more or less, to choose their own programs to meet their own needs.

The second philosophy of the new bill can be illustrated best perhaps by that once "noble experiment" Prohibition. Here the national government dictated uniformly what should be done by all states in regard to

alcoholic and spirituous liquors. You know what happened to that experiment and it has its parallel in the Wagner-Murray-Dingell bill. Title I of the bill embraces the philosophy of grants-in-aid. Title II departs entirely from that method and asks for strong centralized control in a national system of compulsory health insurance.

Let us examine Title I for a moment. This provides grants-in-aid for six purposes: Control of venereal diseases; control of tuberculosis; public health work; aid for maternal and child health; aid to crippled children and care for needy children.

Proponents of national health insurance claim that one of the things national legislation will do is to develop a uniform pattern of administration. I ask you if there is a uniform pattern of administration in cutting up health like a watermelon and giving it to three separate Federal agencies? Tuberculosis, venereal disease and public health problems would be placed under the United States Public Health Service. Maternal and child health and aid for crippled children are assigned to the Children's Bureau. Medical care for the needy would be under the control of the Social Security Board which is composed entirely of laymen. If that is the type of uniformity produced by national legislation, it is my contention that we need less, rather than more of it.

The second title of the Wagner-Murray-Dingell bill proposes "a pre-paid system of personal health service benefits." No matter what it is called in the bill, this means a system of compulsory health insurance. There is a rather close parallel in the British compulsory health system, particularly for dentistry. There is a panel for which dentists can volunteer to work in the program; payment may be made on the unit fee, capitation or salary system, or on a combination of these. If most of the dentists in one area decide to be paid on the unit fee, the Surgeon General retains the right to make a separate contract with the minority group.

Everybody insured under the Social Security Act and his dependents will be eligible for medical and dental benefits.

I don't think there is enough time to go into a full discussion of the current Wagner-Murray-Dingell bill, but certain observations should be made. First, the elimination of taxes is tricky and deceptive strategem. Second, the bill proposes a compulsory health insurance system which has never been successful for dentistry in any country. Third, the bill is a conflicting mixture of two philosophies. Fourth, it proposes a national system which has never seen any experimental use in this country and which has had very defective use abroad. It is hard to imagine that the proponents of compulsory health insurance would not tell us, chapter and verse, if compulsory health insurance has been an undebatable success abroad. Yet obviously it has not been a success and, therefore, we are told to pay no attention to the experience abroad since this country has special problems. That well may be, but some conclusions can fairly be drawn from what has gone on abroad.

Great Britain has one of the most highly developed social security systems in the world. It has had a social security program and com-

pulsory health insurance of one type or another for about thirty-five years. In that period of time we should get a reasonably decent estimate of its effectiveness. I should like to give you such an estimate of dental progress under compulsory health insurance not in my own words but in the words of an official parliamentary committee appointed by the House of Parliament to examine the dental program. The Teviot Committee was a representative committee of Parliament with only a few dentists as members.

Let me quote from the Teviot Report: "Roughly two thirds of the insured population, that is, between thirteen and fourteen million people, are entitled to dental benefits, but only eight hundred thousand, less than 7 per cent, claim them on an average each year."

It seems to me there is something wrong with a system which compels thirteen or fourteen million people to pay for something which 7 per cent, or eight hundred thousand, think it worthwhile to claim each year. There you have the experience of dentistry under compulsory health insurance for something more than a generation.

Another quotation: "It is common in insurance dentistry that people do not resort to treatment until the teeth are unsavable and there is a great deal of oral sepsis."

Another quotation: For men and women applying for entrance to the Army, "13 per cent of the men were in possession of essential artificial dentures (both upper and lower) and an additional 10 per cent needed them."

Finally, and as a clinching argument, is the simple and almost bald conclusion that "the state of the dental health of our population is bad and its effect on their general health is bad."

If that is accepted as the official estimate of dentistry under compulsory health insurance, it seems to me that we need some experimentation and changes before we freeze that pattern at the national level in this country. All of us know how difficult it is to abandon a program once it has been frozen at the national level. Compulsory health insurance has never even had the benefit of a state-wide experiment in this country and, yet, there are those who are willing to impose it on the entire country, in the face of very inconclusive evidence from abroad. If for no other reason than those just cited, the dental section of the Wagner-Murray-Dingell bill should be opposed.

I should dislike very much to end my talk on a note of opposition to existing legislation without proposing something better. Dentists, perhaps even more than physicians, have a constructive program that has now reached the point of legislation. Pending before the Senate Committee on Education and Labor are two bills, which I think will have an important impact on the dental problem. The first bill is S. 190 which proposes two million dollars to build a National Institute for Dental Research, as a part of the National Health Institute at Washington. This institute will be comparable to the institutes that will be erected for cancer, tuberculosis, venereal disease, and mental health. Seven hundred and thirty thousand will be used each year as grants-in-aid to states, individuals,

to public and private agencies for the intensification of dental research. This bill has just been passed by the Senate.

The second bill, S. 1099, is equally important because it pioneers for dentistry one of the most important experiments in public health. S. 1099 provides an unnamed sum, sufficient to meet the purpose of the act, for grants-in-aid to the states for purposes of dental health education and dental care.

Because time is short, I cannot discuss any more of the details, but I should like to emphasize two points: First, two bills earmark funds for dentistry. The money will be there for dentistry to spend as it sees fit. It will not be taken away in order to more dramatic medical needs. Secondly, this program, by giving money to the states, permits the states to design programs of their own in accordance with the needs and desires of their citizens and their own professional men. It permits an experimental approach to dental programs, so that we can find what the facts really are.

What are we going to do about this problem?

It seems to me the first and most important point is to pass the legislation that is now pending before Congress in the form of S. 190 and S. 1099.

Study your own state and community resources, your facilities, your personnel and your needs so that when these bills pass, you will know what your problems are and how best to meet them.

Establish state and community councils on dental health. Dental health is no more the sole concern of dentists than the medical health the sole concern of physicians. Dental and medical health are the problems of all the people in the communities.

Strengthen your state health department. See that it suffers no longer under a program of diminishing funds, authority, resources and personnel. Strengthen your local departments of health as well. Design your own state and community programs.

Make every dentist aware of the problem. It does not do you much good to hear me tell you what I think, because my opinion represents one seventy-five thousandth of the dental profession's opinion in this country. But when you, and you, discuss this problem and agree, then, as I have said earlier, we reach uniformity of thought and action. Until we do all these things that I have just mentioned, we shall go on discussing Wagner-Murray-Dingell bills for years to come. Already a dental health program in this country has been too long delayed. For eleven years there have been strong movements to sell one kind, and only one kind of a solution. The dental profession, aided by enlightened citizens, is strong enough to develop a program if there is concerted and uniform action. When we have that, dentistry will be heard in the halls of legislatures to produce an effective dental program that will eventually bring better health to more of the American people.

President Barker:

Thank you, Dr. Hillenbrand, for this splendid and timely address.

Gentlemen, we are running ahead of schedule. There are one or two short matters to come before us which I am sure will be of interest to you, and we might take them up at this time.

The Chair will be glad to recognize Dr. H. O. Lineberger of Raleigh, Chairman of the State Hospital Board of Control.

Dr. Lineberger:

Mr. President, Distinguished Guests, and Members of the North Carolina Dental Society: A little over a year ago, when the present Hospital Board of Control was asked to take over our mental institutions in this state, one of the first problems to present itself to our Board was the selection of a general superintendent for those institutions. This problem presented itself in a very forceful way, so much so that the Board of Control asked Governor Cherry if he would be kind enough to appoint a medical advisory committee to work with the Board and advise us in our various actions. The medical advisory board was called to meet in Raleigh and was given the problem of presenting to our Hospital Board of Control a list of acceptable psychiatrists in the United States for this position. The advisory committee presented to our Board the names of six outstanding psychiatrists, from all over the United States. The Board invited these gentlemen—these doctors—to come to our state at our expense, to survey our situation here and also in order that the Board might have a chance to see them. One of the six gentlemen who were invited to come was from the the State of Utah. He is a native North Carolinian who had graduated from the University of North Carolina with a Phi Beta Kappa standing and is a graduate of Harvard University Medical School. He did his interne work at Duke University Hospital and also at various hospitals in the New England states and New York state. He was then elected head of the psychiatry department of the University of Utah, from which position he came to our state.

I am very happy to present to you at this time a North Carolinian, a man who is doing a big job and doing it in a fine way—Dr. David A. Young, the General Superintendent of the mental institutions of the State of North Carolina.

Dr. David A. Young:

Mr. Chairman and Members of the North Carolina Dental Society: I should like to say a few words of appreciation of the privilege extended me of coming here and speaking before you. I realize that in many ways the mental diseases are not particularly the subject of this meeting, and I therefore appreciate more the opportunity of being invited to present them before you in a general fashion.

As Dr. Lineberger mentioned, some time ago the hospitals were without a unified board. At present they are under a Board of Control set up in 1943, with the purpose in mind of unifying the practices in the several institutions and of bringing them to better standards than could be

achieved by more or less haphazard methods. In 1943 one of your profession, Dr. Poindexter, was a member of the Board of Control. Since that time the Board of Control has been modified and Dr. Poindexter came on the Advisory Committee and Dr. Lineberger, who just introduced me, was made President of the Board of Control. I think from the standpoint of knowledge of mental disease and from the interest Dr. Lineberger has shown the selection was very fortunate. I might say that of course his interest is reflected in his interest in the dental problems in the hospitals. We have several hospitals—at Raleigh, at Goldsboro, at Morganton—and the Caswell Training School at Kinston and, in addition to those, have an extension at Camp Sutton. The number of patients is around 9,000. There are somewhat over 2,600 at Morganton and 2,500 at Raleigh, 800 at Caswell, and 500 at Camp Sutton.

I shall refer only to the personnel concerned with the dental program. We have appropriations (and by appropriations I mean funds set up) for two dentists at the two larger institutions, the white institutions at Morganon and Raleigh. That is one dentist for 2,500 patients. I realize, from the figures just presented, that that is better, perhaps, than the average for the state; but these patients present an unusual problem in that they are unable to use preventive measures and do not take as good care of their teeth, perhaps. In the Caswell Training School we have an appropriation for a part-time dentist who comes about two days a week to take care of the 800 patients in the school. At Camp Sutton we do not have any dentists; and the work there is carried on by voluntary service by the dentists in Union County, particularly in the town of Monroe.

It seems to me that that number, even if extended to the number already appropriated for, would still be inadequate, for reasons I shall mention later.

Since the present Board has come into control the State Hospitals have been successful in securing some equipment from the Pre-Flight School over at Chapel Hill and in that way have been able at least to equip offices, so when we do get dentists, as we hope we shall, they will be able to carry on at least part of the program. We were able to secure from the Pre-Flight School four outfits—by that I mean chair, stool, cabinets, and so forth, and a good many of the instruments—instruments which have been very difficult to get and which were used during that time by the Navy. We also have made some slight purchases of surplus property, but these have not been dental supplies, as a general rule. We have also made some changes in the dental office already in one of the hospitals, to provide a setup where two dentists could work more satisfactorily than at the present time. At Caswell we found the dental office in a rear, practically unlighted room and have been able to make some changes to provide better environment in which the dentist can work. In addition we have been able to provide another chair at Morganton and in Goldsboro have set up two chairs, although we have only one dentist planned on. Since the first of February, also, we have been employing on part time a dentist, an oral surgeon, who has recently come to Raleigh—Dr. Henson, whom some of you probably know; and he has been able to take

care of some of the more difficult cases—impactions and so forth. In addition he has helped carry on a thorough program throughout the hospitals in the way of removing roots, and things of that sort—roots which have been left for a long period of time and which the dentist has not been able to take care of. We feel that we are making some progress in this, though we have not done anything near what we should like to do.

I should like to make one more comment about the dental plans we have. As I say, we hope to be able to get our number up to satisfactory quota of dentists. With the present shortage throughout the country, I do not know how successful we shall be. We have had difficulty in securing doctors. What we should like is to have a satisfactory dental examination when the patient is admitted to the hospital, as part of the initial examination of the patient. We have entering about 50 patients a month. We find out what the physical condition is and what the psychiatric condition is and should like to have a dental examination and get a satisfactory study of what the dental needs will be. This will be a small part of the whole work done there.

At present our chief work is directed to the elimination of foci of infection. I am more impressed by that as a cause of difficulty in the patients than I am by other ways in which the dentist could possibly help the situation. At any rate, we are attempting to remove the foci of infection; and we hope some time, without being very elaborate about it, to provide the minimum of prosthetic appliances necessary, where the person is able to make use of them and where the person is able to coöperate and get the best advantage from them.

I believe the program we have set up is something like the matter of the porter who was offered a tip by a man. As the tip was offered the porter, surprisingly enough, said: "No, Boss, not right now; wait until the end of the trip." At the end of the trip the man asked what the average tip was, and the porter said: "About a dollar." The man gave him a dollar and then said: "That seems a rather large tip. Are you sure that is the average?" "Yes, sir," he said, "that is the average, Boss, but very few come up to the average." So we want to see if some time we cannot come up to the average.

President Barker:

Thank you, Dr. Young.

Dr. Lineberger wants it announced that right after this session there will be a meeting of the Military Affairs Committee in this room.

We will have an announcement by the Secretary.

Secretary Sanders:

I have a telegram here from Dr. Sapienza, who was to have appeared on the program this afternoon.

(Reads.)

Birmingham, Ala., May 4, 1946.

Dr. C. W. Sanders,
Care the Carolina Hotel,
Pinehurst, N. C.

To say that I am disappointed is putting it mildly, but you can imagine my feelings. Instead of being enroute for a nice session with your group I am lying in a hospital bed with a cast extending above my knee, due to nothing but a freak accident—a ruptured Achilles tendon while playing a harmless game of handball. As soon as I am able to return to my office I shall write. Wish for you fellows a most successful meeting.

Dr. B. F. Sapienza.

Dr. Sanders:

I should like to say that another of our clinicians has been moved up to the two o'clock spot, and we shall appreciate it very much if you gentlemen will be here at two o'clock, because we shall have something good for you.

President Barker:

We have with us a visitor from Richmond, Virginia, a man who has visited us many times in the past at our state meetings. For a number of years he was stationed at Asheville and was one of the most valuable members of our Asheville District. He has a few remarks to make which will be of interest to you. At this time we shall be very happy to hear from Dr. Bill Lanier, of the Veterans Administration.

Dr. William Dickson Lanier:

Thank you, Mr. President.

It is always a pleasure for me to visit North Carolina, and when there was left to me the selection of the territory to be assigned to me naturally I selected the one in which I was best known and in which I knew most of the dentists.

The last four years have been strenuous ones, in which millions of men and women have been serving in the military establishments of our country as soldiers, sailors, Marines, WACs, WAVES, and SPARS. Rapidly they are being discharged and becoming civilians again. Twenty million people are entitled to certain rights and privileges under the laws enacted by Congress. The Veterans Administration has been designated as the agency to administer the benefits, among which are medical and dental treatment.

Many dentists wish to continue working for patients whom they had before in private practice. The Committee on Economics of your Society has been furnished a set of the fees which have been arrived at as the over-all fees for the entire United States. Your state should select what is termed the "state level." The state level does not mean the highest fees

paid to dentists in your state, nor the lowest; but it means taking the fees throughout your state and striking a level at which these men can be reimbursed by the government for dental treatment in your state.

Dr. Lanier then read the following:

There has been established by the Veterans Administration a branch office in Richmond, Virginia, to serve the Fourth Branch Area, consisting of the District of Columbia, Maryland, Virginia, West Virginia and North Carolina.

There is now functioning in this area ten hospitals and five regional (two sub-regional) offices and authorized for construction of additional hospitals.

At the present time these contingents cannot furnish all the dental treatment required for the 1,424,818 veterans in the branch area.

The Medical Department has already made use of civilian hospitals and civilian doctors to assist in furnishing medical treatment for the service-connected medical cases.

The Dental Service also wishes to secure the services on a fee basis of the dentists in civilian practice to furnish dental treatment for service-connected dental cases. Under this plan the veteran can have the privilege of selecting his own dentist provided he is an ethical practitioner and is approved by your State Society.

The coöperation of the State Societies in the arrangement of the dental fees, at state level and the appointment of ethical dentists to furnish this treatment.

It is also desired to work out a plan for coöperation of each dental school in harmony with the plans for medicine, but along somewhat different lines. Hospitals already established and those to be established will give opportunity for contact with all the dental schools in the United States.

You will appreciate that the primary object of this program is to provide the highest standard of dental care for veterans.

1. The reorganization of the Dental Service in Veterans Administration hospitals to meet basic standards of hospital dental services required by the Committee on Hospital Dental Service of the American Dental Association.

2. The establishment of internships and residencies for dentists in conformity with the requirements approved by the Council of Dental Education February 26, 1946.

3. A plan of coöperation wherever possible with the dental schools for a dental program for the postgraduate training of interns and residents and members of the full time dental staff.

4. The appointment of outstanding dentists as dental consultants to serve on a part time basis and upon call. These consultants to serve as advisors to the Medical Director and Chief of Dental Division and to serve in hospitals as teachers and to provide specialized treatments to patients.

This is quite a program. It is going to take a lot of work to put it into effect. Each state can help us a great deal by having its committee formulate its fees at the state level and return the schedule to us as promptly as possible. It is not meant that you have to confine your fees to the schedule that was adopted by the American Dental Association. Those fees were taken to include the entire country. In some states the fees are quite high; they are in the District of Columbia; they are in California. We are permitted to vary the fees according to the schedule selected by your state. There are, I know, many elderly men in this state who are doing dentistry who feel that they cannot take on any more work than they are doing at the present time, but a lot of the younger men are returning who have not yet established their maximum load. It is these young dentists whom we expect to furnish this treatment.

I could tell you of instances throughout the country where the states have coöperated and where they are doing a lot of work for the Veterans Administration. But, knowing North Carolina, I know it has never fallen down on anything put before it and I think from this state I can expect a response in taking care of these veterans.

It is a pleasure to be with you again. I am delighted to be down here. I hope to have an opportunity to talk to your committee, Doctor, before the meeting is over and get this program underway.

I thank you.

President Barker:

There is just one matter to be presented to this session before it adjourns. We have a report by one of our members whom we all respect and love, and it is of sufficient interest to each one of you that we should like to have it made before the general session rather than the House of Delegates. The Chair is happy to recognize Dr. J. Martin Fleming of Raleigh.

Dr. Fleming:

Your Chairman has asked me to make a report of the Harris Memorial Committee, that had the duty of erecting a marker to the memory of Dr. John Harris at Hertford last fall.

Dr. Fleming then read the following report.

REPORT OF HARRIS MEMORIAL COMMITTEE

Your committee appointed by Dr. Minges, with power to act on the matter of the Dr. John Harris Memorial to be erected at Hertford, N. C., wishes to report as follows: We planned a memorial to cost in the neighborhood of \$500.00 to be equally subscribed by the Ohio and North Carolina Dental Societies. Dr. Fitzgerald, Chairman of the Committee, went before the Executive Committee of the North Carolina Society and secured a grant of \$150.00 as a nucleus on which to start, and this was

added to by contributions of friends to make our half of the \$500.00. Ohio sent a check for their half.

With these funds in hand we contracted with the Dees Monument Company of Greenville to erect such marker as we had agreed upon, and this was unveiled on October 30, 1944, at a meeting of the Fifth District Dental Society. There was also placed in the cemetery, near where he was buried, a modest tombstone marking his grave. All this was done at a cost of \$390.00, thus leaving us \$110.00 balance, and this sum has grown to \$117.73 as of this date.

We were anxious to have the lettering done in bronze, but on account of war conditions we could not procure the bronze and the lettering was inserted in marble, which is not very lasting.

Your committee has recently given a contract to have this marble slab replaced with bronze at a cost of \$138.00, which will complete the work assigned us as a committee.

By order of the Executive Committee of the North Carolina Dental Society a complete report of this unveiling was ordered printed in this year's "Proceedings," and we refer you to that report for the interesting details of that meeting.

Respectfully submitted,

ALLAN B. BONNER
PAUL FITZGERALD
J. MARTIN FLEMING

UNVEILING OF THE MARKER TO THE MEMORY OF DR. JOHN HARRIS AT HERTFORD, N. C., OCTOBER 30, 1944

The unveiling at Hertford of this memorial to Dr. John Harris was the dream of all Ohio dentists for some years. They had already purchased the original building in Bainbridge, Ohio, in which he had conducted the first school giving instruction to dental students in the finer arts of dentistry, and they had converted it into a shrine perpetuating his memory.

However, his remains were buried in Hertford, N. C., and there was a feeling that some recognition should be accorded to his memory by the North Carolina Dental Society inasmuch as he had been a pioneer dentist in this state. So, the dental societies of the two states—Ohio and North Carolina—decided to join hands in erecting this marker to his memory in Hertford, N. C.

The idea had lain dormant for some years to be revived by Dr. Fitzgerald in his president's address at the annual meeting in Raleigh in 1943. Following that meeting the incoming President, Dr. Minges, appointed a committee to take charge of the matter, and gave them power to act. This committee was composed of Drs. Fitzgerald, J. W. Zachary and J. Martin Fleming. Dr. Zachary having died Dr. A. B. Bonner was put on in his place.

Later, Dr. Fitzgerald, Chairman of the committee, went before the Executive Committee of the North Carolina Dental Society, and asked for and obtained \$150.00 to help defray the expense. It was thought that

the marker would cost about \$500.00 to be equally divided between the two states. With this nucleus of \$150.00, we raised an additional \$100.00 by private subscription, and Ohio sent her \$250.00 through the Secretary of their State Society, Dr. E. C. Mills of Columbus, Ohio.

The planning and the execution of the work was largely done by Dr. Fitzgerald with the help of Dr. Mills. With this introduction of the subject we can pass on to the unveiling exercises themselves.

The Fifth District Dental Society had kindly set aside on its program one hour—the noon hour—to be devoted to this work.

At the appointed hour, Dr. Spear, the President of the Fifth District Society, turned the meeting over to Dr. Z. L. Edwards, who presided. After a few introductory remarks by Dr. Edwards, the following program was carried out. Dr. Edwards introduced Dr. Paul Fitzgerald of Greenville, N. C., who spoke as follows: (See paper A.) Following this introduction, Dr. J. Martin Fleming read a paper recounting a history of the movement to erect such a marker as follows: (See paper B.) Dr. Paul Jones then introduced our visiting representative from Columbus, Ohio, Dr. E. C. Mills, Secretary of the Ohio Dental Society, who made the principal address of the occasion (see paper C). Following this paper the meeting adjourned to the Courthouse Square, where the marker was unveiled by Miss Helen Vick, the daughter of Mr. Vick, a close personal friend of Dr. Mills, and an officer of the same Masonic lodge which had buried Dr. Harris nearly one hundred years ago. Dr. O. C. Barker of Asheville, N. C., the President of the North Carolina Dental Society then presented the marker to the Mayor of Hertford as follows: (See paper D.) The Mayor of Hertford, Mr. V. N. Darden, accepted the marker in the following words: (See paper E.) The meeting was then adjourned.

It is needless to say that we of North Carolina, as well as Dr. Mills, representing Ohio, were much pleased to see the consummation of a dream of long standing—the erection of a marker in recognition of the worth of Dr. John Harris.

In addition to the marker on the Courthouse lawn there also was placed a tombstone in the cemetery near his grave, exact site not being known, which will also help to show that North Carolina, as well as Ohio, honors the memory of Dr. John Harris.

Mr. Chairman, Members of the Fifth District and Visitors:

One hundred years is a long time, yet it is the time we have waited to honor the memory of the man who probably has meant more to the profession of dentistry than any other man, dead or living, Dr. John Harris. Too, a man's ideals and life work must have been important when we find a gathering of men such as I see before me honoring his memory after all this lapse of years.

I love to visualize Dr. Harris while residing in Hertford walking the same streets we have walked today and discussing intelligently the issues which involved the entire nation, both North and South.

We, who meet here today know that Hertford has a rich heritage. In the time of which I speak the countryside hereabouts was dotted with old Colonial mansions, in which lived men of wealth and culture and men who were active in state and national affairs. Dr. Harris could bring to these leaders first hand information of the temper of the people in the North. As you understand these were troublous times, it was only a little more than a decade before the Battle of Bull Run, and our people, above and below the Mason and Dixon line were becoming divided. Dr. Harris was a man who had the opportunity of viewing both sides of the issues which were fast dividing the nation.

And, as I say, I like to think of Dr. Harris as he mingled with his friends here in the Albemarle section, associated with men and women whose ancestors in the years before carved out of the wilderness great plantations, built beautiful homes and brought to this section of North Carolina a culture known even in the courts of the old world. But I am getting far afield. I wish that I could go on and tell more of this man, this "Father of Dental Education," whose great work left such an imprint and has affected our profession to such an extent, that one hundred years later, we find ourselves gathered here to honor his memory.

I like to talk to young people, to learn about their ambitions in life, their ideals and their dreams; to find out something about their plans for the realization of their dreams. Dreams are funny things. They are the intangibles that have spelled progress throughout the centuries.

"The little boy smiled that night
On his way to twilight town
And his face lit up with a heavenly light
Through the shadows that sifted down.

But he woke next morn with a tear in his eye
And in the cold of the gray dawn's gleam,
Out of the stillness I heard him cry
My dream, I have lost my dream."

Some dreams come true. Several years ago a man from Ohio came down to Hertford and looked over the situation here with the idea of erecting a marker to the memory of Dr. Harris. Later he talked to Dr. Fleming. However, it was just in the conversational stage and remained one of those unrealized dreams of which there are so many.

These two men did not give up the idea, they kept it alive and now I wish to present to you one of these men, a man who for over half the period since the death of Dr. John Harris has labored for the progress of dentistry in North Carolina, a man whom we all love and respect. It is he who has dreamed of this day when we could honor the memory of Dr. Harris, and, it is he, with the coöperation of the Ohio State Dental Society has made this dream a reality.

Gentlemen, I give to you our own Dr. J. Martin Fleming.

DR. JOHN HARRIS—PIONEER DENTIST

We come today to pay belated tribute to a man who actually made more far-reaching dental history than any other one man in the whole nation.

A graduate in medicine he early took up the practice of dentistry and became so absolutely enthused with its possibilities as one of the learned professions that he gradually gave more and more of his time to dentistry and less and less to medicine. Dr. Mills will tell you of his having begun the very first school in which dentistry was ever taught, that being in Bainbridge, Ohio, in the year 1827, just twelve years prior to the founding of the Baltimore Dental College in 1839.

In this school its main object was to prepare students for both the study of medicine and the practice of dentistry. The class was composed of nearly a score of young men and Dr. Harris was so carried away with the possibilities of the future of dentistry that the majority of those taking the course turned to dentistry rather than medicine.

Among these students was no less a personage than his own younger brother, Chapin A. Harris, who with Dr. Hayden Clement founded the Baltimore College of Dental Surgery in 1839.

There has been some controversy as to where Dr. Chapin A. Harris learned the rudiments of the practice of dentistry, but if he were present today, he would surely give the credit of his early training to his elder brother, Dr. John Harris, and the school he conducted at Bainbridge, Ohio. It rather adds to his spirit of perseverance and determination that he should have gone from such an humble beginning to such heights of success in dental college work.

As a representative of the North Carolina Dental Society it was my high privilege to attend the celebration at Bainbridge, Ohio, a few years ago when the dentists of that state, having procured the building in which this school was held, dedicated it as a shrine devoted to a perpetuation of the memory of Dr. John Harris. A suitable tablet was placed on this building and there is also one on the City Hall of Bainbridge, recounting the facts of the school's existence. At this celebration I saw something of the enthusiasm with which these Ohio dentists were charged, and, as I heard the eulogies spoken and heard the evidence of the authenticity of their claims, I was really ashamed that North Carolina had not done more to honor Dr. Harris for the part he had played in the early history of North Carolina dentistry.

It was also my privilege in my early practice to have been located for about twenty years, not only in the same town, but just across the street from one of the pioneers of North Carolina dentistry, Dr. Vines E. Turner. He was an ex-President of the American Dental Association and a man of wonderful memory. He began the study of dentistry just a very few years after the death of Dr. John Harris.

He knew personally or by reputation just about all of the earlier practitioners in North Carolina. He must have known personally something of Dr. John Harris for he wrote of him as if he had known him, at least by reputation. He wrote of him fifty years ago as follows: (See Koch's

History of Dental Surgery) "Among the earlier practitioners of dentistry in North Carolina were to be found gentlemen of the very highest culture and refinement, having had, in several instances, educational advantages sufficient to qualify them to enter any of the learned professions. Among these was Dr. John Harris, a brother of Dr. Chapin A. Harris, who made frequent visits to North Carolina."

Dr. Turner goes on to say "That only a small portion of North Carolinians, as was the case in most slave states, were able to pay the fees then exacted by qualified dentists for their professional services. Those who made up the patrons of these early dentists thus were the wealthy and cultivated classes whose confidence and esteem could only be enlisted by the intelligence and high character of the dentists themselves." The eastern part of our state, the Albemarle section as we know it, presented at that time as it does now, a fertile field for such a contact. A rich farming section, peopled by citizens of the very highest type to be found anywhere.

It was to such a community as this that Dr. Harris first came, probably about 1838 and Dr. Turner said of him that "he continued to make frequent visits to this section and that from the very first he seemed to have won for himself the love and confidence of all with whom he came in contact and that his name is thus creditably associated with the early history of dental surgery in North Carolina."

There were quite a number of other itinerant dentists of high character who came to North Carolina in those early days but none seemed to stand as high as Dr. John Harris.

With men of this type practicing within the state it is not difficult to see what an easy transition it was to change a highly skilled craft into an honored profession.

Dr. Harris also stood for an educated profession. Someone has said of him that you can trace the lineage of every dental college in the United States and Canada directly to his influence. He must also have been an active agent in procuring students for the college of his brother, for, from the very first, almost every class graduating from that school contained names of one or more men from this state.

He also believed in organized dentistry and it is not a far cry to say that this influence, just a few years after his death, actually resulted in the organization of the North Carolina Dental Society in 1856. One of the requirements of this early organization was that a man must be a graduate of a dental college to become a member.

You can imagine what that meant in those early days when there were so few graduates in any state, and it has been said that this alone was the only state making so rigid requirement for membership. It was also said of Dr. Harris that he adhered to a rigid code of ethics which he set for himself no less than for others.

With this background of service to the state, do you wonder that we come today to pay tribute to a man who did so much for us? The wonder is that we have not done it sooner.

You might be interested to know something of the history of this movement which has its happy culmination today. I have known Dr. E. C. Mills of Columbus, Ohio, for a period of about 20 years. We never got together that the subject of Dr. John Harris was not brought up. The Ohio men were never satisfied that his grave was unmarked. Dr. Mills, at his own expense, had made a trip to Hertford in a vain effort to locate his grave, and, failing in this, had secured from the Mayor of the town a promise of a site for such stone or marker as the dentists of Ohio wished to erect. They had hoped to erect and unveil such a stone or marker and Dr. Mills had expressed a desire to do this at some time when a dental meeting might be held near Hertford and we could have a representative gathering of North Carolina dentists as a background, so to speak, for such an occasion.

A state meeting not being practical it was changed to a district meeting. But this general plan involved only Ohio.

At this Bainbridge meeting a suggestion was made to the Ohio men that the dentists of North Carolina would not only be glad to be present at such an occasion but would feel honored to have an equal part with Ohio in financing it.

This idea seemed to meet with general approval but it still lay dormant for a year or two, on account of the war situation, to be definitely revived by Dr. Paul Fitzgerald in his address as President of the North Carolina Society in Raleigh in 1943. In this address he said: "Gentlemen, sometimes I feel that we do not appreciate those men who have gone before us as we should, those men who labored to convert a trade into a profession and who rose above adverse circumstances and succeeded in their labors.

"This is not all due to carelessness on our part but, to a great degree, to the fact that we are unfamiliar with the history of our profession. The man who has been termed 'The Father of Modern Dentistry,' Dr. John Harris, lies in an unmarked grave in the soil of North Carolina. It was he who taught his younger brother, Dr. Chapin A. Harris, the founder of the first dental college in America, dental subjects and instilled into his mind the ideals and inspiration that made his life something which we are glad to remember and honor. It would be most appropriate for our Library and Historical Committee to have a suitable marker erected at Hertford for Dr. John Harris, the cost to be met with private subscriptions or paid out of the funds of our treasury."

This recommendation brought the proposition back to life, but to let North Carolina do it alone, left out Ohio just as their plan left out us. And so there came into life this joint responsibility which has its consummation today, Ohio, joining hands equally with North Carolina in its erection. Dr. Clyde E. Minges of Rocky Mount, succeeding to the Presidency, following Dr. Fitzgerald, appointed a "Harris Memorial Committee" with power to proceed with the plan.

Dr. Minges very wisely appointed Dr. Fitzgerald to head this committee. He was chosen not only on account of his proximity to Hertford but also on his reputation for dependability when something is to be done. We, today give him full credit for the accomplishment of the task. Except

for the help and advice of Dr. Mills he has done the work practically alone and has made all the local contacts. It was he who went before the Executive Committee of the North Carolina Dental Society and secured a small sum to help finance it, and then with a few friends went down in his own pocket to augment this fund.

He practically underwrote North Carolina's half of the expense while Dr. Mills obligated himself for the Ohio half.

Dr. Mills and Dr. Fitzgerald, we give you two men credit for the success of the undertaking. Its unveiling today marks a high place in dental history in North Carolina.

But to come back to Dr. Harris. It was while on one of these visits to North Carolina that he became ill and died here in Hertford. Transportation being what it was in those days it was not practical to carry his remains back to his home state and so he was buried here by the Masonic order of which he was a faithful member and the record of his death and funeral can still be found in the minutes of the Hertford Masonic Lodge No. 106.

He died on July 25, 1849, and was buried the following day.

May this marker ever remind us of the obligation the dental profession all over the United States owes to this pioneer in dentistry who stood for the very highest in everything pertaining to our profession and may it prove a strong bond of mutual esteem and friendship between us and the dentists of Ohio.

May his ashes, mingled with the dust of those he loved and served, rest in peace in the soil of a grateful state.

J. MARTIN FLEMING.

Mr. Chairman and Members of the Fifth District Dental Society:

Greetings are brought from the dental profession of Ohio, to our confreres and citizens of this great State of North Carolina, so rich in its historical traditions and which played such an important role in the founding of our nation. Edenton had its tea party and your troops fought gallantly in all the battles of the Revolution. By the Battle of Kings Mountain, and the damage to the British army at Guilford Courthouse, Cornwallis was eventually forced to his fate at Yorktown. Early in this century the Wright brothers from Ohio made their successful air flight at Kitty Hawk, within the confines of your state, and the events commemorated by this occasion, still further forges a great bond of unity between our two states.

In this changing world, God has placed remembrance in our hearts, and although just tribute to the man whom we honor today has been delayed, it is none the less sincere. The question may arise, "Why these tablets with their silent testimony?"

From the remotest antiquity, we find evidences of memorials. Nature herself seems to have established a precedent, because in her geological strata she has written the events in the formation of this planet. There is a human instinct to perpetuate to posterity, the achievements, places

and events that future generations may become imbued with patriotism, or spurred to greater endeavor.

Instances innumerable, all over this great land of ours, are to be found monuments and memorials, bearing a silent and dignified testimony to events that have occurred, or services that have been rendered, in behalf of our country or for the welfare, comfort, and happiness of the human race.

It is proper that our states should share in perpetuating the achievements of Dr. John Harris. Although a native of the State of New York, his career which established lasting precepts for the dental profession, began in Ohio, but before his death in this beautiful place, which he apparently loved so much—his advanced ideas had reached full fruition.

With the unprecedented tide of immigration to Ohio early in the nineteenth century, came the physician as a necessary adjunct to the widely scattered communities. His duties were necessarily to alleviate dental as well as systemic ailments, and in the absence of a representative of the ministry, he offered moral and spiritual consolation in times of sorrow and distress. Some of these practitioners devoted their time sparingly to dentistry at first, but eventual increase in population in the communities encouraged some to devote their time to dentistry exclusively, thereby becoming medically-trained dentists, in place of many unqualified persons who assumed the role of dentists.

John Harris located in the practice of medicine at Madison, Ohio (some ten miles from Cincinnati), a few years previous to 1821, as we find that on September 27 of that year he was commissioned Surgeon of the Fourth Regiment in the Fourth Brigade and Fourth Division of the Militia of Ohio. On August 1824, appears the entry: "General Record, Vol. III, Page 236: John Harris, Surgeon; Chapin Harris, Surgeon's Mate."

While practicing at Madison, he became interested in dentistry, and according to an announcement in the *Ohio State Journal*, October, 1830, he advised the public that for the past ten years he had been devoting more than half of his time to the practice of dentistry.

James Taylor, founder of the Ohio College of Dental Surgeons in Cincinnati, and one of John Harris' students, stated that Harris received his technical knowledge of dentistry from itinerants who visited Cincinnati. This was indeed an opportunity, as many names that were later prominent, and which exerted an influence in the advancement of dentistry in the eastern states, appeared in the Cincinnati press prior to the year 1820. Among these were Dr. E. Parmly, who was later to become the first president of the first dental society in the world—The Society of Dental Surgeons of the City and State of New York, December 3, 1834; Dr. Plantou from Paris, who is credited with being the first to introduce porcelain teeth in this country; also Dr. Green, Ratrie, Monroe, and others whose announcements bespeak a preliminary training of high order for that period.

It was most fortunate for dentistry that this opportunity came to a man of John Harris' intelligence and dynamic force, because, as a result, a

new era in dental education was soon to follow, as evidenced by the events that took place at Bainbridge, Ohio, where he located about 1825. There he established himself in the practice of medicine and dentistry in the building now owned by the dental profession and dedicated as a shrine to dentistry.

An act in 1824, prompted by the District Medical Societies in Ohio required that all applicants for examination to practice medicine, should have received instruction under a preceptor. This no doubt was the reason for John Harris inserting an announcement in the *Chillicothe Supporter and Gazette* November 1, 1827, under "Medical Instruction" stating plans had been made "for the instruction of a private class of medical students preparatory to entering a medical college for the consummation of their profession." None of the medical studies of the period was omitted from his announcement, which also mentioned "Anatomical preparations and clinical apparatus for the exhibition of many important experiments." Further, "No student will be received who has not at least a first rate English education. Terms of tuition will be reasonable depending on circumstances."

This attracted to Bainbridge—then a hamlet of some 250 inhabitants—some eight (possibly more) students whose names are recorded on the tablet since placed on the building he occupied, reading as follows:

The Cradle of Dental Education
Office and School of John Harris, M.D., D.D.S.

1825-1830

Here Dr. Harris conducted his School of
Medical Instruction while engaged in
the practice of Medicine and Dentistry.
His Educational Requirements, His Preparation for
Instruction, Lectures and Establishment of
a Dental Clinic, Mark this as the
First American School of
Instruction in Dental Surgery
His Professional Attainments
His Early Realization of Dentistry
As a Health Measure and
His Pioneer Efforts in Dental Instruction
Have Distinguished Him as
The Father of Dental Education
Dr. Harris' Precepts Have Been Transmitted
Throughout the World in the Establishment of
the First Two Dental Colleges by His Students
Chapin A. Harris and James Taylor Respectively.

Others of His Known Students Were:

James H. Harris	Edward P. Church	John Allen
Wesley Wampler	William Jones	John Jones

This Building Was Purchased by
The Ohio State Dental Society, and
Was on November 24, 1940, Dedicated

A Shrine to Dentistry.

He who has no veneration for his predecessors
should expect none when his day is done.

While these students were bent on the study of medicine, all the known students, except one (Dr. William Jones, later of Kenton, Ohio) became more interested in dental surgery, and we find a further announcement in the February 21, 1928, issue of the above mentioned paper, that Dr. John Harris had received a large supply of surgical instruments, among which "are a full set for the practice of Dental Surgery," and in the same notice, solicits dental patronage.

It must be recalled that he had spent more than half his time in the practice of dentistry since 1820, and of necessity would have had equipment for his own practice. It therefore seems reasonable to presume that this additional "full set for the practice of Dental Surgery" was for the use of his students in their clinical studies.

Dr. Chapin A. Harris, a brother of John Harris, had studied medicine under the latter while at Madison, and since had located in practice at Greenfield, Ohio, twelve miles distant from Bainbridge.

James Taylor, one of the first students of John Harris, early became interested in dentistry, and together they made occasional trips to Greenfield and did dental work in which Chapin A. Harris took such a keen interest, that he, himself, became one of the students at Bainbridge.

This was most fortunate for dentistry. Quoting from a biographical sketch by Dr. George Watt, published in the *Ohio Journal of Dental Science*, Vol. VII, 1887, page 250:

"Drs. Harris and Taylor, at their meeting in Bainbridge, discussed fully the demands of the dental organs and the necessity for thoroughly educated specialists, who should give their entire professional attentions to these organs and their collaterals. On comparison of ideas, it was found they had arrived at the same conclusions and had fallen upon the same plan of action. Each was determined to establish, as early as practicable, a college for the sole purpose of educating dentists. Had these two men not met, it is doubtful if the world yet had seen a dental college."

Further quoting from an address by James Taylor in 1861: "Dr. John Harris and myself had many protracted discussions on the importance of a medico-dental education, and the best method of securing it. In these we were joined by Dr. C. A. Harris on one or two occasions, perhaps oftener. The leading idea for several years was to have a department of dental surgery attached to medical colleges. But the medical faculties had already too much to teach, and it was feared that while, by this course, all might be made dabblers in dental practice, but few would be made proficient in dental science. The more our specialty was looked into, the more important it appeared, and it soon became too large for annexation in that way."

We offer the foregoing as evidence of John Harris' sponsorship of plans to educate students for the practice of dentistry, and we can visualize

those pioneers, perhaps by candlelight, discussing these problems at Bainbridge, at the office "on the west end of Main Street."

It is not the purpose, in this paper, to follow the destinies of the students of John Harris. Suffice it to say that his brother, Chapin A. Harris, founded the Baltimore College of Dental Surgery in 1840, and James Taylor, the Ohio College of Dental Surgery in 1845, which brought to full fruition the ideals that had had their inception while under the tutelage of Dr. John Harris—whose memory we pay tribute to on this occasion.

In May of 1830, John Harris located in Chillicothe, some twenty miles from Bainbridge, where he practiced dentistry, making itinerant trips, one to Columbus in October, 1830, and others to the South. In 1834 he was located at Georgetown, Ky., and in the Commonwealth of Frankfort, Ky., in 1835, he contributed two articles in which he disabused the then popular opinion that mechanical skill was the chief asset for successful dental operations, setting forth the scientific position of the regularly prepared and qualified dental practitioner.

During the winter of 1835-36, he attended a course in medicine in the medical department of the Transylvania University at Louisville, during which, in compliance with a request from the faculty, he delivered a course of dental lectures to the students; and, as mentioned in his obituary by Dr. Cyrenus Cone of Baltimore (who had formerly been associated with him at Georgetown), he made an unsuccessful attempt to obtain a charter for a dental college in Kentucky. This was the first effort, not only in this country, but throughout the world, to establish an institution of this kind, through legislative enactment. Dr. R. L. Sprau of Louisville, Ky., informed the writer that an attempt was made to have an act passed to regulate the practice of dentistry in 1836. The record does not state who was responsible, but Dr. John Harris was in Frankfort at that time."

The American Society of Dental Surgeons was organized August 18, 1840, in New York City, and though not present, John Harris was elected to membership, and was one of twelve appointed to prepare essays on specified subjects for the benefit of the profession. The subject assigned to him was "On the Propriety of Filling the Teeth." The paper was published in the *American Journal of Dental Science*, Vol. V, pages 42-48, 1844. The paper was used almost in its entirety by his brother, Chapin A. Harris, in the second and several succeeding editions of his *Principles and Practice of Dentistry*. In 1844 John Harris disposed of property he had purchased in Chillicothe, and in 1845, he was a resident of Annapolis, Md.

The Sixth Annual Meeting of the American Society of Dental Surgeons was held in New York City August 5, 1845. Answering to roll call, we find the name of John Harris; and among others, John Allen and Chapin A. Harris, both of whom had been former pupils of John Harris at Bainbridge.

John Harris had been previously appointed to write a paper on "Toothache." His audience, in the main, had followed precepts of the early

English and French dentists who had practiced on the Atlantic seaboard during and following the Revolutionary period. It would be interesting to know what this audience, representative of the best in dentistry of that period, expected from this pioneer dentist, whose knowledge was based upon his medical experience, supplemented by technical training acquired from itinerant dentists in Cincinnati, Ohio. The message of his paper was echoed some sixty-five years later, when Dr. William Hunter presented his paper in 1910 on "Oral Sepsis as a Cause of Disease," and re-echoed in 1916, with Dr. Charles Mayo's statement that 90 per cent of the lesions of focal infection are "above the collar," and that for the largest part come from oral infections.

Dr. Harris' paper was published in the *American Journal of Dental Science*, Vol. VI, page 100. As this paper is pertinent to a statement on the tablet of the memorial we are dedicating today, I shall quote in part the author's statement, so germane to present day practice: "An experience of nearly twenty-five years exclusively devoted to the various duties of the dental profession, has not been suffered to pass without endeavoring to discover some plan of treatment or remedy, other than that afforded by the forceps . . . and thus secure the restoration of the diseased organ. But in comparatively few instances have I succeeded, even with the treatment which I have been able to suggest, or that recommended by others. Subsequent morbid developments have sooner or later rendered extraction necessary. I do not wish it to be inferred, however, that this form of toothache cannot be subdued; but the number of cases permanently cured are so few, comparatively, that the principle laid down by medical writers, should apply here; that, where any particular treatment of a disease more frequently fails than succeeds, it should be abandoned. There is no precedent more worthy of adoption than this, and in the treatment of no class of diseases will it be found more applicable than the one now under consideration, and if admonition and precept be not amply sufficient to establish the correctness of this principle, observation and experience will not fail to do so. The proper treatment, therefore, in the majority of cases, is the removal of the diseased organ. . . . So many dentists substitute their treatment, which at least is inefficient, and subjects the unfortunate sufferer to a train of evils, far greater than mere toothache itself. . . . The surgeon-dentist should always, under such circumstances, persuade his patient to submit to the removal of the tooth, by pointing out the bad effects that will eventually result from its retention in the mouth. . . . If the experience of the most scientific and skillful practitioners that have ever lived, could be ascertained, I think it would be found that in the adoption of other treatment than this, they have often been disappointed in their expectations, and that while they and their patients have been lulled into imaginary security by the temporary relief from pain, the malady itself has continued and become the cause of other, and sometimes more formidable diseases . . . and great as the loss certainly is of such a tooth, it sinks into insignificance when compared with the consequences resulting from the retention of a tooth in the mouth that cannot be restored to health, or suffered to remain without exerting a morbid influence upon the surrounding parts, and nervous system generally.

. . . It is not necessary for a tooth to cause pain, or give rise to alveolar abscess, to be productive of even the most serious consequences. The records of medicine furnish numerous examples . . . where every remedy had been tried that could be suggested by the skill and ingenuity of man, without success. Cures have been speedily and permanently effected by the removal of diseased teeth, even where they have not been productive of pain, or suspected as the cause of mischief. Many cases have fallen under my own observation."

He cites the case of a patient in Hopkinsville, Ky., April, 1830, whose general health for the preceding two years had been greatly impaired, but up to that time had been good from infancy. The patient has lost three teeth, with the remaining teeth sound, except two, and the caries of these not penetrated sufficiently to require filling. The right superior cuspid had been more or less painful for eight or ten days; tender to touch, but free of caries. This tooth was extracted and found to have a putrescent pulp; the patient was relieved by the operation . . . and was gradually restored to health.

Among other contributions from his pen, is a description of an artificial nose and palate, made by him for a young lady in Scott County, Kentucky, in 1841. Published in the *American Journal of Dental Science*, Vol. VI.

In 1849, John Harris and his family resided at Frederick, Md. Previous to this time, he had made itinerant trips to the Albemarle section of your state, and seems to have enjoyed much popularity as a dentist and transient resident. He is referred to by Dr. V. E. Turner as being creditably associated in the early history of dentistry in North Carolina, and following his predilection for small communities, Hertford and near-by towns were those of his choice, and to their residents he seems to have endeared himself. Having been made a Mason in Scioto Lodge, No. 6, at Chillicothe, Ohio, when he located there in 1830, he was a frequent visitor to Perquimans Lodge No. 106 of Hertford, and enjoyed a close friendship with the membership. Here in Hertford his death occurred on July 26, 1849, and the lodge, following the services at the M. E. Church, buried the body with Masonic honors, passed resolutions, and wore the usual badge of mourning for thirty days.

Two beautiful letters of appreciation, one from his widow, Mrs. Martha Harris, and also one from his brother, Chapin A. Harris, are a part of the records of this lodge.

These letters express gratitude and thanks for the kindness and attention given to John Harris during his final illness. Quoting from Mrs. Harris' letter, "To those who paid the last kind act, those who followed his dear remains to the silent, far-distant grave, I can only say you have the thanks of a bereaved, afflicted family, and an assurance that for all such acts of love and affection, your reward will be in Heaven."

In conclusion, the man whose memory we honor today, has left an impressive record—a record of undeniable proof. He died in the midst of his usefulness; he who had the gift of courage, one of the greatest of God's gifts to man. While this memorial may attract the attention of

passersby during generations that are to follow, the most enduring testimonial to John Harris' vision and foresight is the result of the inspiration which he imparted to his students in his School of Medical Instruction at Bainbridge.

Quoting from the Frederick (Md.) *Examiner*, at the time of his death: "Dr. Harris was an amiable gentleman and an excellent man. As a professional man he was very skillful—art being with him only the instrument of science. High minded and honorable to fastidiousness, he pursued his vocation with the fidelity and honesty of one who was conscious before God, and aimed in all things, to be without reproach before men. Singularly amiable, generous and kind, he everywhere attached to him all with whom he became acquainted. He died as only a Christian dieth—humble, resigned and peaceful."

We believe that this memorial comes to this community as a singular benediction. The children of your schools, as they pass and repass this tablet, and read the inscription thereon, will be given a greater incentive to attain a higher goal, realizing that man's efforts for the benefit of mankind, do not go unrecognized.

Those of us here today have, I am sure, a deeper consciousness deposited upon the silent shore of memory, with definite images and precious thoughts that shall not die, nor be destroyed, of one who gave much to science, to high character, and to noble living.

EDWARD C. MILLS, D.D.S.
Columbus, Ohio

Mayor Darden, Citizens of Hertford and Friends:

On behalf of the Ohio and North Carolina State Dental Societies I am honored and take great pleasure in dedicating this tablet here in Hertford, erected in honor of the Father of Dentistry, Dr. John Harris.

One hundred years ago Dr. Harris practiced dentistry here and taught his profession to young men. His efforts here have proven to be the corner stone upon which the dental profession was founded, and it is appropriate that we accord Dr. Harris this honor at this time and place. We are appreciative of the inspiration to high standards that he gave us.

We thank you for the privilege of placing the marker in so beautiful a spot, and we turn it over to you as Mayor of Hertford with the full knowledge that it will be properly cared for.

SPEECH OF WELCOME BY MAYOR V. N. DARDEN

Dr. Barker and Members of the North Carolina and Ohio Dental Societies:

It is a real pleasure on behalf of the citizens of Hertford and Perquimans County that we welcome you here today to pay tribute to the memory of Dr. John Harris, who in his life laid the corner stone of modern dentistry.

While we do not know the exact spot where his body rests, yet you have not forgotten his genius in erecting this beautiful marker on our historic Courthouse Green, and the passerby will ever remember with

gratitude your reverence for this man who was great in his day and great in this day.

We shall ever recall your pilgrimage here, and we shall expect you to come again and linger in our midst—Hertford the beautiful county seat nestling along the banks of the picturesque Perquimans River. I thank you.

Dr. Fleming:

Mr. President: I have a report that I feel the general membership of this Society is entitled to hear, and I believe they will be glad to have it. That is the report of the Dental Relief Committee. May I make it now?

President Barker:

Yes, indeed.

Dr. Fleming read the following report:

REPORT OF DENTAL RELIEF COMMITTEE

MAY 1, 1944, TO MAY 6, 1946

RECEIPTS

1944		
May 1	Balance on hand	\$ 623.73
1	By Annual Ch. N.C.D.S.	200.00
June 13	By ch. Amal. scrap	109.57
13	By ch. Thompson Dental Co. (commission)	15.25
27	By Interest on Deposit	3.04
July 7	By check A.D.A. (seal sale)	261.75
Aug. 6	By check D. B. Mizell	5.00
Oct. 4	By Interest on Deposit	2.01
1945		
Jan. 2	By Interest on Deposit	1.80
Apr. 1	By Interest on Deposit	1.58
July 2	By Interest on Deposit	1.36
19	By check A.D.A. Seal Sale	292.75
23	By check N.C.D.S.	200.00
Oct. 1	By Interest on Deposit	1.29
1946		
Jan. 2	By Interest on Deposit	3.39
April 4	By Interest on Deposit	3.18
15	By check N. C. Dental Society	200.00
Total Receipts		<u>\$1,925.70</u>

DISBURSEMENTS

May 1, 1944 to		
May 6, 1946	To member on relief 25 monthly paymts. of \$15. each	\$ 375.00
1944		
July 7	To purchase one \$1,000.00 bond	740.00
1945		
Feb. 14	To Bank Tax58
1946		
Feb. 2	To Bank Tax50
	Total Disbursements	\$1,116.68
1946		
May 6	By balance on hand	\$ 809.62

ASSETS—Cash \$809.62

Bonds

- 7 \$1,000.00 Bonds, each costing \$740.00
- 1 25.00 Bond, gift of Dr. Johnson

Respectfully submitted,

J. S. BETTS
J. MARTIN FLEMING
F. L. HUNT

Dr. Fleming:

I should like to say that the Thompson Dental Company handled the sale of our scrap amalgam. This check represents their fee on that, which they courteously contributed to the fund.

Dr. D. B. Mizell sold some scrap amalgam himself and gave the proceeds to the fund.

That represents our assets today. Four of those bonds were purchased in 1941, and they will be coming out in 1951.

I think you might be interested also in the report of the Library Committee. Let me get that out of my system, and I shall be all right.

Dr. Fleming then read the following report:

REPORT OF LIBRARY COMMITTEE

During the war years very few new books or pamphlets have been added to our collection at Chapel Hill.

We have complete files of *The Journal*, and almost complete files of *The Cosmos*. We still lack a few scattered issues, which are becoming more and more difficult to locate, but we are finding an occasional one.

We are indebted to Dr. D. E. McConnell for quite a collection, many being duplicates of what we had, but we can use them in exchange for some we do not have.

We have added another bound volume of our own PROCEEDINGS—1937-44 inclusive, and this gives us a continuous file, in well-bound volumes, of our PROCEEDINGS from 1875 to 1944.

Respectfully submitted,

J. MARTIN FLEMING,
For the Committee.

President Barker:

Thank you, Dr. Fleming, for these fine reports.

Gentlemen, what shall we do with them?

Motion made and seconded that the reports be accepted and filed.

President Barker:

It has been moved and seconded that Dr. Fleming's reports be accepted and filed as read. Is there any discussion? (No response.) If not, all in favor of the motion say "Aye." All opposed, "No." The motion is carried.

If there is no further business to come before this session we will stand adjourned until two o'clock.

Whereupon the morning session adjourned at 12:20 o'clock p.m.

MONDAY AFTERNOON SESSION

The second general session of the Ninetieth Anniversary Meeting of the North Carolina Dental Society convened in the ballroom of the Carolina Hotel, Pinehurst, at 2:15 o'clock, p.m., with the President, Dr. O. C. Barker, presiding.

President Barker:

The meeting will please come to order, and the Chair will recognize Dr. C. M. Parks of Winston-Salem, who will introduce the first speaker of the afternoon.

Dr. Parks:

Mr. President, Members of the Dental Society, and Friends: It is not often that this Society has an opportunity to hear a more entertaining speaker than the man I am about to present.

He is a leader in the profession, and I am sure you all know him at least by reputation. A graduate of the University of Maryland School of Dentistry, he was awarded a fellowship in the Mayo Clinic for two years. He organized the Department of Oral Diagnosis of the University of Maryland and now is the head of that department and the assistant professor of oral diagnosis in the University of Maryland School of Dentistry. It is a pleasure and privilege to present Dr. Harold Golton of Baltimore.

Dr. Golton:

Mr. President and Members of the North Carolina Dental Society: It is really a pleasure to be here. I just had a little walk around here, and the fragrance of your beautiful flowers and trees is so delightful and so marvelous for the human body that I cannot imagine anyone wanting to leave this place.

I am going to give you a talk on oral diagnosis, in which I have been interested since my graduation in 1925, and shall show you some slides. I have picked several phases of oral diagnosis which I think will interest you.

I want to stress the fact that dentists are too often burdened with a feeling of inferiority when they see something unusual in the mouth. That, I think, is uncalled for, because dentists are the custodians of the oral cavity. The truth is that the physician knows very little about the oral cavity and really prefers that when you see something unusual you not send these conditions to him, because all he can do is to look wise and write a prescription for some mouth wash and hope for the best. It is your province; and when you really require a consultation you should call on the particular kind of physician who can help you, for instance, a dermatologist, a laryngologist, or a surgeon. But it is something you need not take to the general practitioner of medicine, because he really knows nothing about it.

I am going to show you some slides which I think you will find very interesting indeed.

(Dr. Golton gave an instructive and interesting lecture on "Oral Diagnosis of Soft Tissue Lesions," illustrated by slides, with running comment.)

President Barker:

We thank you, Dr. Golton, for this very interesting lecture on oral diagnosis.

We will have an intermission of about five minutes while the equipment is being changed.

(A short recess was taken.)

President Barker:

The meeting will come to order, please.

I should like to make one announcement. Immediately after the adjournment of the session this afternoon, about five o'clock, the House of Delegates will meet in this room.

The Chair now recognizes Dr. W. R. Hinton of Greensboro, who will introduce our next speaker.

It seems that Dr. Hinton is not present, perhaps because of some misunderstanding. For our next speaker we have a man from Atlanta, Dr. Irwin T. Hyatt, who is going to address us on the subject of "Oral Surgery for the General Practitioner." It gives me great pleasure to present to you Dr. Hyatt and to turn the program over to him.

Dr. Hyatt:

Thank you, Dr. Barker. That is one of the nicest introductions I have ever had. The man who was going to introduce me is absent, so I do not have to get up and apologize for all the nice things said about me.

The reason I chose the subject which your President announced is that your Chairman, Dr. Sanders, asked me to select a subject that would be of interest to the general practitioner; and I have endeavored to stick to things significant in general practice. It is going to be rather difficult to touch on a number of subjects in the limited time we have, but I will go along as rapidly as possible and endeavor to speak on different topics in the field of oral surgery. My talk is based primarily on the thing we have just listened to; that is, diagnosis. We feel that diagnosis is a large part of it. If your diagnosis is not carefully done, not accurate, you are handicapped in carrying out any procedure or treatment. Secondly, I shall talk about plans and procedures and try to outline some definite plan for each procedure we are going to do and get away from the term "simple extraction," because extraction is not simple in a great many cases. Any surgical procedure in the mouth deserves careful consideration. Fortunately or unfortunately, we can get by with more mutilation of tissue than in any other field in the body. The mouth survives, perhaps, and the patient survives, but in a mutilated state.

I should like first to show a moving picture, going right into some of our operating techniques. The picture goes first into diagnosis of cysts of the mouth and then shows the operation of one cyst.

I was very appreciative of the lecture which preceded mine, by Dr. Golton, who had the seven o'clock spot and was switched to this afternoon. I think his talk will be very helpful to us.

(Dr. Hyatt then proceeded with his lecture, showing several moving pictures and some lantern slides, accompanied by running comment.)

President Barker:

Thank you, Dr. Hyatt.

Ladies and Gentlemen: Inasmuch as we are running so far behind I suppose the only fair thing to do is to have Miss Gurevich tonight at seven-thirty and let the House of Delegates convene at this time. Without objection, that will be done.

The general session then adjourned.

HOUSE OF DELEGATES

MAY 6, 1946

The first meeting of the House of Delegates of the Ninetieth Anniversary Session of the North Carolina Dental Society convened in the ballroom of the Carolina Hotel, Pinehurst, at five-twenty p. m., with the President, Dr. O. C. Barker of Asheville, presiding.

President Barker:

Will the House of Delegates please be in order, and the Secretary will call the roll.

The following answered the roll call:

OFFICERS OF THE SOCIETY

O. C. BARKER, *President*

E. M. MEDLIN, *President-Elect*

K. L. JOHNSON, *Vice-President*

C. W. SANDERS, *Secretary-Treasurer*

ETHICS COMMITTEE

OSCAR HOOKS, *Chairman*

C. E. ABERNETHY

E. W. CONNELL

SANDY MARKS

BOARD OF DENTAL EXAMINERS

JOHN R. PHARR

A. C. CURRENT

EXECUTIVE COMMITTEE

F. O. ALFORD, *Chairman*

C. C. POINDEXTER

Z. L. EDWARDS

MEMBER STATE BOARD OF HEALTH

J. N. JOHNSON

FIRST DISTRICT

S. E. MOSER

W. R. AIKEN

I. R. SELF

SECOND DISTRICT

PHILIP MELVIN

R. R. HARRELL

J. D. KISER

W. B. SHERROD

F. W. KIRK

THIRD DISTRICT

O. S. PRESTON

R. A. WILKINS

FOURTH DISTRICT

W. L. MCRAE

S. L. BOBBITT

FIFTH DISTRICT

FRED HUNT

PAUL FITZGERALD

PAUL JONES

WADE H. JOHNSON

G. L. OVERMAN, *President*
(J. F. DUKE substituted)

Dr. R. A. Wilkins:

Mr. Chairman: In the absence of the delegate from the Third District, Dr. W. R. Hinton, Dr. S. P. Gay will serve in his place.

Secretary Sanders:

You have a quorum, Mr. President.

President Barker:

We have a quorum, and the House of Delegates is now ready to receive reports or to take up any business which may properly come before it.

Dr. John R. Pharr:

Mr. President: I hate to be the first one, but I should like to make the report of the committee I am on—the State Council on Dental Health.

President Barker:

We shall be glad to hear it.

Dr. Pharr read the Council's report.

REPORT OF STATE COUNCIL ON DENTAL HEALTH
NORTH CAROLINA DENTAL SOCIETY—1946

Your State Council on Dental Health has tried to keep informed on proposed plans for dental care, on social and economic trends, and on the proposed health legislation with a view to interpreting their implications for the people of our state and for the members of our profession.

It is our firm conviction that the dental health needs of the people of our state are being met, as adequately as present conditions permit, in a way which satisfies the demand that something be done for the underprivileged and which, at the same time, is acceptable to the profession. This is being accomplished, for the children of our state, through the comprehensive program of the Division of Oral Hygiene of the State Board of Health and, for certain adults of the low income group, through the co-operative plans of the State Dental Society with state and local health and welfare departments.

Any failure to care adequately for the dental needs of our underprivileged children has been due to the fact that the Division of Oral Hygiene has not been able to maintain a full staff of dentists during the last few years. This Committee would like to recommend to the State Board of Health that they adopt a salary schedule which will make it possible to attract the best of our profession to engage in this great field of service.

We would also like to recommend to the members of this Society that they continue to coöperate with the state and local health and welfare departments in rendering service at a fee concession to the prenatal clinic patients and to other adults of the low income group referred to them by these departments.

We believe that the legislation proposed by the American Dental Society in bills S. 190 and H. R. 3816; and S. 1099 and H. R. 3412 and H. R. 3414, will give us a practical and satisfactory program for improving the dental health of America by providing for research, education, and the development of service programs for children. We therefore urge the support of these bills.

Inasmuch as the functions of the State Council on Dental Health and the Oral Hygiene Committee overlap, we suggest that the Oral Hygiene Committee, a committee of long standing in our Society, assume the duties of the Council on Dental Health.

Respectfully submitted,

JOHN R. PHARR, *Chairman*

E. A. BRANCH

R. D. COFFEY

R. L. UNDERWOOD

A. R. MALLARD

President Barker:

You have heard the report, gentlemen. What is your pleasure?

Dr. E. M. Medlin:

Mr. President, in regard to that report, I think it is well to have one committee, but I think it should be designated as the State Council on Dental Health rather than the Oral Hygiene Committee. That is my idea of it, and the American Dental Association has approved it, I think.

The President:

Is that agreeable?

Dr. Pharr:

Mr. President, we do not make any recommendation as to what to call it.

President Barker:

Does that satisfy you?

Chairman Pharr:

Yes, sir.

Motion made and seconded that the Council report be accepted.

President Barker:

Those in favor of the motion vote "Aye." Those opposed, "No." The motion is carried.

Are there any further reports?

Dr. H. Royster Chamblee:

I have a report on the receipts and disbursements on the dental histories.

Report read.

REPORT OF THE RECEIPTS AND DISBURSEMENTS ON DENTAL HISTORIES OF THE NORTH CAROLINA DENTAL SOCIETY

MAY 1, 1946

May 1, 1944 Bank Balance	\$ 202.14
Books sold (8)	48.00

DISBURSEMENTS

N. C. Tax on Bank Deposits for 2 years41
May 1, 1946 Bank Balance	\$ 249.73

We have on hand 343 copies of histories. When sold at the specified \$6.00 per copy, \$2,058.00 will be received.

J. M. FLEMING, *Chairman*
H. R. CHAMBLEE
J. S. BETTS
I. R. SELF
J. D. KISER

Motion to adopt report; seconded; put to vote and carried.

Dr. D. L. Pridgen, Chairman:

I wish to present the report of the Committee on Constitution and By-Laws.

Report read.

REPORT OF COMMITTEE ON CONSTITUTION AND BY-LAWS

I wish to present the report of your Committee on Constitution and By-Laws. We were authorized, as we understood it, only to revise the constitution and by-laws so as to incorporate the changes specifically acted upon by the House of Delegates since the last revision, which was in 1941. We have given the matter the most mature and careful consideration of which we are capable and, in lieu of presenting to you the revision authorized, we beg to submit the following observations and recommendations.

Our present constitution and by-laws were perhaps sufficient and effective fifteen years ago, but it is hardly adequate for our needs today. Entirely too great a hardship is imposed upon the men in office, particularly upon the Secretary-Treasurer. Some of his burdens should be shared by others, and they would be if the members were only given the opportunity to serve. Demand for relief increases each year, as the burden grows heavier; and it is obvious that something must be done.

We therefore recommend that our constitution and by-laws be rewritten or revised so as to remove the Secretary-Treasurer from the Program-Clinic and Exhibit Committees; and we further recommend that in place of these two committees three standing committees be appointed, namely, the Program Committee, the Clinic Committee, and the Exhibit Committee, each to be composed of five members appointed annually by the incoming President for a term of one year. The duties of these committees should be specified in the by-laws. We believe the President should have the right to name all the members of these three committees.

We observe that some of the amendments, passed by the House of Delegates since the 1941 meeting, are in conflict with each other in respect to the appointment of committees. The wording of at least one amendment would be interpreted entirely differently when removed from the discussions which attended its passage. At best, our present constitution and by-laws is patchwork. Amendments have been added from time to time, some of which have been hastily drawn and could be better worded.

While recognizing that the document really needs to be rewritten, your Committee felt that it was lacking in authority to go so far. Yet we find that opinion is too strongly in favor of revision along the lines mentioned that we believe it should be done as soon as possible.

We therefore recommend that the changes in our set-up, with respect to the appointment of the three committees mentioned, be put into operation with the incoming administration; that a committee be appointed and given ample authority to draw up a constitution and by-laws more in

keeping with the present needs of the Society; and that the proposed draft be published in the Program Issue of THE BULLETIN preceding our next annual meeting. Thus all members will have an opportunity to study it, and it can be acted upon at that meeting.

Respectfully submitted,

E. O. ALFORD
WILBERT JACKSON
D. L. PRIDGEN

President Barker:

Thank you, Dr. Pridgen.

Gentlemen, what is your pleasure?

Dr. Medlin:

I move that the adoption of the report as read.

Motion seconded.

Dr. Erwin:

I should like to ask a question.

President Barker:

All right, sir.

Dr. Erwin:

Two of the biggest files any Secretary-Treasurer has are those on the table clinics and the exhibits. The Secretary-Treasurer will have to pay the bills, or they are paid through him. On the program he has to pay our clinicians. My idea would be to continue him as Chairman of the Program Committee but make one of the other members Vice-Chairman, to do the actual work; and all the Secretary-Treasurer would have to do would be to pay the bills. What do you think of that, Dr. Pridgen?

Chairman Pridgen:

Mr. President, with respect to the Exhibit Committee, we felt that those bills would be paid by check drawn to the order of the North Carolina Dental Society, and someone else could just as easily handle that—collect the checks and turn them over to the Secretary-Treasurer. Likewise, all bills would be paid by the Secretary-Treasurer, the honorariums for the clinicians, and so forth; when approved by the President and the Executive Committee. We know he is terribly overworked and we are trying to give him some relief.

President Barker:

Is there any further discussion?

Dr. Paul Fitzgerald:

I wish to say, as to the suggestions made there as to the Exhibit Committee and other committees, that you will have to appoint someone who is experienced in that work—someone like Dr. Pridgen here, because an inexperienced man who is not familiar with working on it would have a terribly hard time unless he had a lot of instruction.

Dr. Thomas M. Hunter:

It seems to me that the three committees are so closely inter-related that instead of appointing three committees it might be well to appoint one man as chairman of the three committees, with his co-chairmen. In that way all these collections and disbursements would go through his hands and then through the hands of the Secretary-Treasurer. At the same time these three committees would be headed up by one man who is capable of conducting the work. I believe you would accomplish the same thing Dr. Pridgen wants but at the same time keep it headed up.

President Barker:

Let me suggest that we hear from our present Secretary-Treasurer.

Secretary-Treasurer Sanders:

I am embarrassed, Mr. President, because any complaint that I might register would reflect on my laziness. Let me say this. Unless you have a complete severance of these duties from the office of Secretary-Treasurer the work will devolve upon him. We have had the system of co-chairmen; and, with all due deference to the men, when you needed them they could not serve. I suggest that you have a committee on table clinics. The Vice-President is very capable. Perhaps he would serve. You might also have an exhibit committee, separate and apart from the office of Secretary-Treasurer, and let the Chairman turn in the checks to the Secretary-Treasurer. There are about 300 letters to write and a lot of calls to make to sell thirty or forty spaces.

President Barker:

Is there further discussion? If not, those in favor of adopting the report say "Aye." Those opposed, "No." The motion is carried.

Are there any further reports?

Chairman C. C. Poindexter:

Mr. President, I have a report here on State Institutions, which I should like to submit without reading if that is agreeable.

President Barker:

What is your pleasure, gentlemen?

Dr. Z. L. Edwards:

I move that it be submitted by title and published in the proceedings.

Motion seconded.

President Barker:

All in favor of that course vote "Aye." Those opposed, "No." The motion is carried.

REPORT OF THE STATE INSTITUTION COMMITTEE

In submitting a report, your State Institutions Committee wishes to emphasize some of the improvements of the dental department since our last meeting:

To the State Hospital at Morganton there has been added an office complete with the most modern equipment. Another dentist is to be added to the staff there.

At Dix Hill, Raleigh, the dental office is now located in the Medical Center building, thus placing it in a more convenient space for handling patients. This hospital has three offices also furnished with the best equipment.

The Goldsboro hospital (colored) now has an additional office, giving that plant two satisfactorily arranged and equipped operating rooms.

Caswell Training School, Kinston, has made a desirable change in the location of its dental office. It too is completely furnished with the latest design in equipment.

A deal whereby the Board of Control set up the fifth State Hospital at Camp Sutton, Monroe, was consummated last year. The buildings were acquired primarily to take care of the overflow of patients from Morganton and Dix Hill. While the future status of this hospital has not yet been definitely determined, some standard equipment and supplies have been

sent there. If and when conditions warrant, more dental consideration will be given this unit.

Dr. David A. Young, General Superintendent, has shown considerable interest in the workings and accomplishments of the dental department. We may be assured of his aid and encouragement, as well as that of the Superintendent of each hospital, in any movement that would tend to increase the efficiency of the department. With this sort of support, plus the fine and intelligent work being done by Dr. Lineberger, Chairman of the Board of Control, we may well vision, as time goes on, a dental set-up in these hospitals that will compare favorably with any similar hospital in the country.

Respectfully submitted,

C. C. POINDEXTER, *Chairman*

S. E. MOSER

VICTOR E. BELL

A. R. KISTLER

G. L. OVERMAN

J. A. MARSHBURN

President Barker:

Is there any further business to come before the House of Delegates?

Dr. Sanders:

I have one report that is ready at this time—that of the Program Clinic Committee, which covers two years. If you wish me to read the places and dates of our meetings I will do so, but they are all carried in *The Journal*. If there is no objection we might read this in by title and let it be printed in the Proceedings.

Dr. F. O. Alford:

I move that it be read by title and published, as Dr. Sanders suggests.

Motion seconded, put to vote, and carried.

REPORT OF THE PROGRAM CLINIC COMMITTEE OF THE NORTH CAROLINA DENTAL SOCIETY

1944-1945 AND 1945-1946

During the past two years the Program-Clinic Committee has held eight meetings with the Executive Committee.

First—On May 2nd, 1944, at the Sir Walter Hotel, Raleigh, N. C.

Second—On July 9th, 1944, at the Carolina Hotel, Raleigh, N. C.

Third—On August 1st, 1944, at the Carolina Hotel, Raleigh, N. C.

Fourth—On October 30th, 1944, at the Sir Walter Hotel, Raleigh, N. C.

Fifth—On April 8th, 1945, at the Pinehurst Country Club, Pinehurst, N. C.

Sixth—On August 5th, 1945, at the Holly Inn, Pinehurst, N. C.

Seventh—On November 11th, 1945, at the Sir Walter Hotel, Raleigh, N. C.

Eighth—On February 10th, 1946, at the Carolina Hotel, Pinehurst, N. C.

The work and activities of this Committee is represented in the program of this meeting.

G. W. SANDERS, *Chairman*
Program-Clinic Committee

Dr. Poindexter:

Mr. President: In addition to my report I should like to move that this body go on record as approving the work of Dr. H. O. Lineberger as Chairman of the State Hospital Board of Control and that he be informed of our action. I think he is doing a fine job.

The President:

You make that as a motion?

Dr. Poindexter:

Yes, sir.

The President:

Will you please state your motion again?

Dr. Poindexter:

I move that this House of Delegates go on record as approving the work of Dr. Lineberger as Chairman of the State Hospital Board of Control.

Dr. W. H. Breeland:

I second the motion.

President Barker:

Those in favor will vote "Aye." Those opposed "No." The motion is unanimously carried.

Are there any further reports or business to come before this meeting?

Dr. F. E. Gilliam:

I have the names of some new members.

President Barker:

It is not necessary to act on those new members at this time.

Secretary Sanders:

I have the names of some members for suspension, from the districts.

Read list.

LIST OF MEMBERS FOR SUSPENSION

FIRST DISTRICT—None.

SECOND DISTRICT—None.

THIRD DISTRICT—Dr. H. N. Simpson, Greensboro, N. C.

FOURTH DISTRICT—Dr. W. G. Nimocks, Fayetteville, N. C.

FIFTH DISTRICT—None.

C. W. SANDERS, *Secretary*.

REINSTATEMENTS

FIRST DISTRICT—Herbert A. Moss—('46)—Asheville, N. C.

SECOND DISTRICT—None.

THIRD DISTRICT—None.

FOURTH DISTRICT—None.

FIFTH DISTRICT—J. B. Davis, Sr.

C. W. SANDERS, *Secretary*.

Dr. Poindexter:

You say that Dr. H. N. Simpson, from the Third District, is up for suspension?

Dr. Sanders:

The Secretary of the Third District turned that report in to me.

Dr. Poindexter:

I move that he be suspended.

Dr. Sanders:

I suppose you would also consider action on Dr. W. G. Nimocks, of the Fourth?

Dr. W. Howard Branch:

I move that he be suspended.

Dr. Walter L. McRae:

I second both motions.

Motions put to vote and carried.

Dr. Sanders:

On our reinstatements, I have one man in the First District, Herbert A. Moss, of Asheville, reinstated in 1946. I wonder if there are any others I do not know of?

Dr. Sandy Marks:

J. B. Davis, Sr., of Southport, had not paid any dues for six or seven years but paid up his dues this morning; and I presume he will be reinstated.

Dr. Sanders:

If he has been properly reinstated it is not necessary to take action now.

Dr. Wilbert Jackson:

I have the report of the Board of Dental Examiners, Mr. President.

Report read.

REPORT OF THE TRANSACTIONS OF THE NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS

JANUARY 1, 1945

To His Excellency
R. Gregg Cherry
Governor of North Carolina
Raleigh, North Carolina

Sir:

In accordance with the provision of the dental law, I beg leave to hand you herewith a report of the proceedings of the North Carolina State Board of Dental Examiners for the calendar year of 1944.

Five meetings have been held during the year.

The North Carolina State Board of Dental Examiners held a special meeting at the Country Club, Pinehurst, North Carolina, January 16, 1944, for the purpose of tabulating the grades of the applicants taking the examination which was given beginning December 27, 1943.

The results of this tabulation revealed that the following having made an average of 80 or more had successfully passed the examination and were therefore entitled to licenses to practice dentistry in North Carolina:

1656—Beaumont, Melvin C.	Plainfield, N. J.
1657—Blanchard, M. T.	Hobbsville, N. C.
1658—Cooke, Charles S.	Rich Square, N. C.
1659—Hart, Samuel Turner ...	Mooresville, N. C.
1660—Wolfe, Carl B.	Greensboro, N. C.

1661—Rhyne, Howard S.	Gastonia, N. C.
1662—Harris, Franklin G.	Bethel, N. C.
1663—Finch, Robert Edwin	Raleigh, N. C.
1664—Purvis, P. C.	Fairmont, N. C.
1665—Stone, Fleming H.	Raleigh, N. C.
1666—Pruitt, James F.	Oxford, N. C.
1667—McCall, Howard W.	Spruce Pine, N. C.
1668—Odom, William P.	St. Petersburg, Fla.
1669—Richardson, George B.	Loris, S. C.
1670—Atwater, Frank G.	Burlington, N. C.
1671—Moser, James E.	Gastonia, N. C.
1672—Adcock, George W., Jr.	Varina, N. C.
1673—Collins, Thomas G.	Angier, N. C.
1674—Welborn, Sam J.	Thomasville, N. C.
1675—Isenhower, Samuel H.	Conover, N. C.
1676—Stone, I. Frank	King, N. C.
1677—Etheridge, J. Earl	Kenly, N. C.
1678—Conduff, Joseph H.	Floyd, Va.
1679—Hamrick, John B.	Rutherfordton, N. C.
1680—King, David D., Jr.	Lumberton, N. C.
1681—Johnson, N. C., Jr.	High Point, N. C.
1682—Kiser, Winford J.	Belmont, N. C.
1683—Yelton, John L.	Lawndale, N. C.
1684—Cantrell, John W.	Boiling Springs, N. C.
1685—Fitzgerald, Thomas J.	Clarksville, Va.
1686—Smith, Dowell Wilbert	Lexington, N. C.
1687—Willoughby, Lowell E.	Ahoskie, N. C.
1688—Strickland, Earle W.	Whitakers, N. C.
1689—Akers, James C.	Stuart, Va.
1690—Smith, Herbert	Battleboro, N. C.
1691—Grady, Leland V.	Wilson, N. C.
1692—Rogers, John Thomas	Durham, N. C.
1693—Fritz, Conrad B.	Hickory, N. C.
1694—Civils, Henry F.	Cove City, N. C.
1695—Peete, David Dean	Arlington, Va.
1696—Anderson, Carl F.	East Orange, N. J.

The following failed:

Webster, Frank Taylor	Madison, N. C.
Lind, William F.	Kene, Pa.
Anderson, Johan	Weaversville, N. C.
Boyles, Jack Lee	Dallas, N. C.
Rabell, Charles F.	Asheville, N. C.

The North Carolina State Board of Dental Examiners held a special meeting in Raleigh, North Carolina, at the Sir Walter Hotel, Roanoke Room, April 30, 1944, seven o'clock in the evening for the purpose of transacting any business coming before the Board.

Only routine matters were discussed at this meeting.

The North Carolina State Board of Dental Examiners held its sixty-fourth annual meeting at the Barringer Hotel, Charlotte, North Carolina, June 26, 1944.

All members were present, also Dr. Neal Sheffield of Greensboro, who succeeded Dr. C. A. Graham, July 1, 1944, as a member of the Board. The President, Dr. A. C. Current, presided.

Dr. John R. Pharr was elected President for the ensuing year. Dr. Wilbert Jackson was re-elected Secretary-Treasurer.

September 25, 1944, was agreed upon as the date for the next special examination to be given to applicants for licensure in North Carolina.

The Board voted a per diem of two days for the annual meeting.

The North Carolina State Board of Dental Examiners held a special meeting for the examination of applicants for licensure, and to transact any other business coming before the Board, beginning Monday, September 25, 1944, in Raleigh, Carolina Hotel, and State Capital.

The clinical examination was given at Carolina Hotel; the theoretical examination in the Hall of Representatives in the State Capitol.

Thirty-six applications were found in order and the applicants permitted to take the examination. Numbers 32, Hasket C. Deyton, Louisville, Kentucky, and 35, John L. Walker, Charlotte, N. C., did not present for examination.

The Board voted to meet October 8 at Holly Inn, Pinehurst, to tabulate the grades of the examination being held at this time.

The Board voted a per diem of ten days for the examination and the meeting at Pinehurst. All bills in connection with the examination were ordered paid.

The North Carolina State Board of Dental Examiners held a special meeting at Holly Inn, Pinehurst, N. C., October 8, 1944, for the purpose of tabulating the grades of the applicants taking the examination which was given beginning September 25, 1944.

A motion was made by Dr. A. C. Current, seconded by Dr. D. L. Pridgen that the next examination of applicants for licensure be held at the annual meeting beginning June 25, 1945.

The results of the tabulation revealed that the following having made an average of 80 or more had passed a successful examination and were therefore entitled to licenses to practice dentistry in North Carolina:

1717—Anderson, Johan	Weaverville, N. C.
1705—Austin, Edward U.	Raleigh, N. C.
1724—Beavers, Franklin C.	Apex, N. C.
1728—Bell, John T.	Durham, N. C.
1702—Bellois, William B.	Wilmington, N. C.
1701—Book, Harold	Asheville, N. C.
1706—Boots, John L.	Pittsburgh, Pa.
1721—Boyles, Jack Lee	Dallas, N. C.
1709—Burns, William T.	Aberdeen, N. C.
1712—Edwards, Byard F.	Lawndale, N. C.

1699—Furr, James E., Jr.	Wilmington, N. C.
1714—Godwin, Charles P.	Ahoskie, N. C.
1708—Graham, Richard H.	Elkin, N. C.
1711—Haddad, George C.	Chester, S. C.
1715—Hawkins, J. Frank	Forest City, N. C.
1700—Herring, Livious D.	Roseboro, N. C.
1713—Jarrett, Clyde H., Jr.	Andrews, N. C.
1725—Johansen, Carey	Columbia, S. C.
1727—Kornegay, Joseph M.	Smithfield, N. C.
1720—Lauten, John J.	Madison, N. C.
1698—Mitchell, James V.	Fairmont, N. C.
1722—Olive, Robert M., Jr.	Fayetteville, N. C.
1723—Osborne, Colin P., Jr.	Southern Pines, N. C.
1710—Port, Forest C.	Morganton, N. C.
1718—Rodwell, Percy, Jr.	Charlotte, N. C.
1716—Stowe, Grover C., Jr.	Gaffney, S. C.
1707—Turner, Remus S.	Wilson, N. C.
1703—Walker, Frank H.	Elkin, N. C.
1726—Watkins, Thomas	Charlotte, N. C.
1697—Weant, Theodore F.	Spencer, N. C.
1719—Woody, Lyda W., Jr.	Spruce Pine, N. C.

The following failed:

Collins, David L.	Elizabeth City, N. C.
Pitlick, Jack M.	Greensboro, N. C.
Smith, Stokes J.	Lexington, N. C.

Attached hereto is a financial statement as of January 1, 1944, to January 1, 1945.

Respectfully submitted,

WILBERT JACKSON, *Secretary-Treasurer*

North Carolina State Board of Dental Examiners.

Personnel of Board:

DR. JOHN R. PHARR, *President*
 DR. WILBERT JACKSON, *Secretary-Treasurer*
 DR. PAUL E. JONES
 DR. A. C. CURRENT
 DR. D. L. PRIDGEN
 DR. NEAL SHEFFIELD

NORTH CAROLINA STATE BOARD OF
 DENTAL EXAMINERS
 REPORT ON EXAMINATION

FOR YEAR ENDED DECEMBER 31, 1944

BOARD MEMBERS

DR. JOHN R. PHARR, *President*
 DR. WILBERT H. JACKSON, *Secretary-Treasurer*
 DR. D. L. PRIDGEN
 DR. PAUL E. JONES
 DR. A. C. CURRENT
 DR. NEAL SHEFFIELD

BOARD MEETINGS AND EXAMINATION EXPENSES

YEAR ENDED DECEMBER 31, 1944

SCHEDULE 2

Carolina Hotel	\$ 224.30	
Mrs. Vallie L. Henderson, Assistant	40.00	
Technic Teeth	30.00	
Supplies, Stationery, Duplicating, etc.	73.21	
Advertising	23.73	
Janitor and Labor	20.00	
Drayage of Equipment	11.20	
Special Meetings and Dinners		
Barringer Hotel, Charlotte, N. C.	\$ 35.17	
Pinehurst Country Club, Pinehurst, N. C.	26.72	
Holly Inn	19.03	
Hotel Sir Walter, Raleigh, N. C.	13.36	94.28
Total (Exhibit B)		\$ 516.72

BOARD MEMBERS PER DIEM AND EXPENSE

YEAR ENDED DECEMBER 31, 1944

SCHEDULE 1

Dr. A. C. Current		
Per Diem	\$ 140.00	
Expenses	107.20	\$ 247.20
Dr. Wilbert Jackson		
Per Diem	\$ 140.00	
Expenses	86.86	226.86
Dr. J. R. Pharr		
Per Diem	\$ 130.00	
Expenses	58.60	188.60
Dr. D. L. Pridgen		
Per Diem	\$ 130.00	
Expenses	43.00	173.00
Dr. P. E. Jones		
Per Diem	\$ 130.00	
Expenses	76.80	206.80
Dr. C. A. Graham		
Per Diem	\$ 120.00	
Expenses	33.00	153.00
Dr. Neal Sheffield		
Per Diem	\$	
Expenses	17.50	17.50
Total (Exhibit B)		\$1,212.96

STATEMENT OF INCOME AND EXPENSE

YEAR ENDED DECEMBER 31, 1944

EXHIBIT B

Balance—January 1, 1944 \$ 915.87

Income:

1944 Renewals 56 @ \$2.00	\$ 112.00	
1945 Renewals 696 @ \$2.00	1,392.00	
Examination Fees 36 @ \$20.00	720.00	
A. E. Howell License to Resume Practice	20.00	
John T. Rogers License to Resume Practice	2.00	2,246.00

Total Income and Balance	\$3,161.87
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Expense:

Board Members Per Diem and Expense (Sch. 1)\$1,212.96

Board Meetings and Examination Exp. (Sch. 2) 516.72

Salaries:

Secretary-Treasurer	\$ 300.00	
Asst. Secty.-Treas.	100.00	400.00

Legal Fees 107.39

Postage, Registering Licenses and Mailing Notices 110.49

Office Supplies 160.31

Telephone and Telegraph 92.34

Auditing 50.00

National Association of Dental Examiners 45.00

Refund of Examination Fees 20.00

Raleigh Bonded Warehouse 32.42

Clinic 13.12

Insurance 6.30

Commissioner of Revenue 5.00

Typewriter Repairs 3.50

Refund of Renewal License 2.00 2,777.55

Balance—December 31, 1944	\$ 384.32
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BALANCE SHEET

DECEMBER 31, 1944

EXHIBIT A

ASSETS

Cash:

On Deposit—First Citizens Bank & Trust Co., Clinton, N. C.\$ 684.32

Total Assets	\$ 684.32
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LIABILITIES AND SURPLUS

Accounts Payable:

Dr. Wilbert Jackson\$ 300.00

Surplus 384.32

Total Liabilities and Surplus	\$ 684.32
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RALEIGH, N. C.

JANUARY 8, 1944

Dr. Wilbert H. Jackson, Secretary-Treasurer
North Carolina State Board of Dental Examiners
Clinton, North Carolina

Dear Sir:

We have made an examination of the books and records of THE NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS for the year ended December 31, 1944, and present herewith a report consisting of the following Exhibits and Schedules:

Exhibits

- A Balance Sheet
- B Statement of Income and Expense

Schedules

- 1 Board Members per Diem and Expense
- 2 Board Meetings and Examination Expenses
- 3 Bank Reconciliation

We traced all recorded cash received into the bank and examined the paid invoices and checks covering all disbursements, which we found to be properly receipted, signed, endorsed and cancelled.

Respectfully submitted,

R. C. CARTER,
Certified Public Accountant

REPORT OF THE TRANSACTIONS OF THE NORTH CAROLINA
STATE BOARD OF DENTAL EXAMINERS

JANUARY 1, 1946

To His Excellency
R. Gregg Cherry
Governor of North Carolina
Raleigh, North Carolina

Sir:

In accordance with the provision of the dental law, I beg leave to hand you herewith a report of the proceedings of the North Carolina State Board of Dental Examiners for the calendar year of 1945.

Three meetings have been held during the year.

A special meeting of the North Carolina State Board of Dental Examiners was held to transact any business coming before it, at the Country Club, Pinehurst, North Carolina, April 8, 1945. The Secretary was ordered to have two thousand copies of the law governing the practice of dentistry and oral hygiene printed for distribution.

The Legislature of 1945 having enacted a law which permitted the licensing of dental hygienists, the Board adopted the following rules:

All persons desiring to practice dental hygiene in North Carolina will be required to pass a satisfactory examination before receiving a license.

The Board will not issue temporary licenses or permits to practice dental hygiene.

North Carolina has no reciprocal relations with any other state.

QUALIFICATIONS

Applicant is required to furnish transcripts of her High School credits to be sent direct from the principal or dean to the Secretary of the Board.

Applicant must be a graduate of a High School which was accredited by the State Educational Department at time of graduation.

Applicant must be a graduate of an accredited school conducting a course for dental hygienists in the United States.

The dental hygiene diploma or certificate must not be mailed but presented to the Board at the first session of examination.

Applicant must be a citizen of the United States, at least nineteen years of age, and of good moral character.

Applicant without adequate equipment is not eligible for examination.

MANNER OF APPLICATION

All information requested in the application *must* be supplied and complete in every respect.

Each applicant must file with the Secretary of the Board, an application verified under oath at least *thirty* days before the date of examination; the application must be made on the form prescribed by the Board and obtained from the Secretary.

The fee of twenty dollars (\$20.00) for examination or for re-examination must accompany the application. Make remittance by money order or certified check.

All endorsements, letters of recommendation, or other pertinent data received by the Board concerning any applicant will be considered a part of said application, and will be retained as a part of the records.

Applicants who have been in practice are required to furnish recommendations from the Secretary of the Dental Board of the state in which they last practiced and from the President and Secretary of the District or State Dental Society (components of the A. D. A.), in the district or state in which they last practiced.

Recent graduates are required to furnish recommendations from two dentists who are members of the American Dental Association.

A photograph is required as specified in application form.

RULES FOR EXAMINATION

The examination will begin promptly at 9:00 o'clock and will occupy four days, the following schedule being observed:

First Day:

- 9:00 A.M. Pharmacology and Therapeutics
- 1:00 P.M. Pathology, Hygiene, and Nutrition
- 8:00 P.M. Dental Technics and Office Management

Second Day:

- 9:00 A.M. Anatomy, Physiology, and Histology
- 8:00 P.M. Bacteriology, Radiology, Oral Surgery, and Anesthesia

Third Day:

- 9:00 A.M. Practical Examination

Fourth Day:

- 9:00 A.M. Practical Examination
- 5:00 P.M. Examination Closes

The Board reserves the right to change the order of examination.

PRACTICAL EXAMINATIONS

Patients will be provided.

The applicant must furnish her own instruments and materials. A chair will be provided.

Each applicant will be required to render a complete prophylaxis.

All patients must be approved by the Board and all operations performed in the presence of some member thereof.

The Board at its discretion may change, or add to any of the requirements under the preceding rules relating to Practical Work.

GRADING

An average of 80 per cent is required to pass the Practical Examination. An average of 80 per cent is required to pass the Theoretical Examination.

RULES FOR PROCEEDINGS

Rule 1

(a) Any proceeding arising out of the provisions of Section 14 of Chapter 66 of the Public Laws of 1935 shall be conducted in accordance with the provisions set out in said section and any proceeding arising under any other section of said Chapter 66, Public Laws of 1935, which shall require a decision of the Board upon the issue presented, shall be conducted in accordance with Section 14 of said Chapter 66 of Public Laws of 1935.

(b) The rules of evidence applicable to the Superior Courts of North Carolina shall apply in all proceedings before the North Carolina State Board of Dental Examiners whether said proceeding arises under Section 14 or any other section of Chapter 66 of Public Laws of 1935.

(c) After any hearing in any proceeding before the North Carolina State Board of Dental Examiners, the Board shall reduce its decision to writing, which may be done by the Board at the close of the evidence in

any proceeding or at any adjourned meeting of the Board, and when such decision is formulated a copy of the same shall be delivered to the party involved in the proceeding or his attorney.

The foregoing Administrative Rules and Regulations were filed with the Secretary of State, the Honorable Thad Eure, on April 11, 1945.

The North Carolina State Board of Dental Examiners held its sixty-fifth annual meeting at the Carolina Hotel, Raleigh, N. C., June 25, 1945.

All members were present. The President, Dr. John R. Pharr, presided.

Forty-five applicants having complied with the requirements of the Board were permitted to take the examination given by the North Carolina State Board of Dental Examiners to applicants for licensure to practice.

Two applicants for licensure to practice dental hygiene were permitted to take the examination given to applicants for licensure to practice dental hygiene in North Carolina.

At a meeting held Monday, June 25, Dr. John R. Pharr was re-elected President. Dr. Wilbert Jackson was re-elected Secretary-Treasurer. Dr. Paul E. Jones and Dr. Wilbert Jackson were elected delegates to the American Association of Dental Examiners. Dr. John R. Pharr and Dr. A. C. Current were elected delegates to the North Carolina Dental Society.

A per diem of ten days was voted for the Raleigh and Pinehurst meetings.

The North Carolina State Board of Dental Examiners held a special meeting at Holly Inn, Pinehurst, N. C., August 5, 1945, for the purpose of tabulating the grades of the applicants taking the examination which was given beginning June 25, 1945.

The results of the tabulation revealed that the following having made an average of 80 or more had passed a successful examination and were therefore entitled to licenses to practice dentistry in North Carolina.

License No.

1764—Bell, Franklin Durant	Washington, N. C.
1757—Blair, Thomas L.	Youngstown, Ohio
1753—Brawley, Boyce A.	Mooresville, N. C.
1745—Brown, Carl Frederick, Jr.	Troutmans, N. C.
1741—Chamberlain, Vander Franklin	Yadkinville, N. C.
1765—Cochran, James D., Jr.	Newton, N. C.
1747—Crowell, Joseph George	Skyland, N. C.
1761—Dupree, Louis J.	Kinston, N. C.
1743—Ezzell, John William	Concord, N. C.
1734—Fitzgerald, Robert Banks	Pelham, N. C.
1752—George, Robert Allen	Mount Airy, N. C.
1744—Gerdes, Charles Donald	Sterling, Ill.
1735—Gilbert, John Thomas, Jr.	Greenville, S. C.
1759—Gooding, Herbert Wesley	Hookerton, N. C.

1739—Graham, Clyde Allen, Jr.	Ramseur, N. C.
1763—Graham, James Ewart, Jr.	Charlotte, N. C.
1729—Haaier, John Stacey	Fayetteville, N. C.
1754—Hand, William Luther, Jr.	New Bern, N. C.
1760—Harrell, James Andrew	Elkin, N. C.
1748—Harrelson, Henry Clay	Cherryville, N. C.
1737—Johnson, Artis Dwight	Fountain, N. C.
1740—Kennerly, Robert Bruce	Asheville, N. C.
1749—Lippert, Jame Clatilda	Durham, N. C.
1751—Long, Robert	Statesville, N. C.
1730—Massey, Samuel Hubert, Jr.	Smithfield, N. C.
1758—Miller, Charles Morris	Murphy, N. C.
1731—Miller, Roy Augustus, Jr.	New Bern, N. C.
1756—Morris, Ernest C.	Forest City, N. C.
1742—Penny, Glenn R.	Durham, N. C.
1750—Seifert, David Walter, Jr.	Weldon, N. C.
1738—Stone, William Donald	Raleigh, N. C.
1766—Stroup, Paul A., Jr.	Newell, N. C.
1733—Walker, Marvin E.	Burlington, N. C.
1762—Weathersbee, Ransey, Jr.	Wilmington, N. C.
1755—Welch, Earl J.	Oxford, Ohio
1736—Winters, George G.	Asheville, N. C.
1746—Woodward, Walter Frederick	Warsaw, N. C.
1732—Young, David Clyde, Jr.	Salisbury, N. C.

The following failed:

Abernathy, Charles Vance	Forest City, N. C.
Fitz-hugh, J. C. G.	McKeesport, Pa.
Jones, Broadus E., Jr.	Raleigh, N. C.
Smith, Amos H.	Lexington, N. C.
Stevlingson, Orlando D.	Fayetteville, N. C.
Way, Joseph H., III	Waynesville, N. C.

DENTAL HYGIENISTS

2—Smart, Mrs. Carolyn	Fayetteville, N. C.
1—Van Slyke, Miss Blanche Lennes	Wilson, N. C.

L. E. Turner, a negro dental technician of Winston-Salem, was tried in Winston-Salem Municipal Court on October 5, 1945, on a warrant charging him with practicing dentistry without license. He was found guilty and fined \$50.00.

On December 8, 1945, the Board voted to issue license to resume practice to J. Y. Hinson of 55 East Washington Street, Chicago, Illinois. Dr. Hinson was originally from North Carolina and successfully passed the examination given by the North Carolina State Board of Dental Examiners in 1924.

On December 15, 1945, the Board voted unanimously not to renew the license of Ralph C. Flowers to resume practice on account of his criminal

record in Forsyth County Superior Court and sustained by the Supreme Court of North Carolina.

Attached hereto is a financial statement as of January 1, 1945, to January 1, 1946.

(Signed) WILBERT JACKSON,
Secretary-Treasurer.

Personnel of Board:

DR. JOHN R. PHARR, *President*
DR. WILBERT JACKSON, *Secretary-Treasurer*
DR. PAUL E. JONES
DR. A. C. CURRENT
DR. D. L. PRIDGEN
DR. NEAL SHEFFIELD

NORTH CAROLINA STATE BOARD OF
DENTAL EXAMINERS

REPORT ON EXAMINATION

FOR YEAR ENDED DECEMBER 31, 1945

BOARD MEMBERS

DR. JOHN R. PHARR, *President*
DR. WILBERT H. JACKSON, *Secretary-Treasurer*
DR. D. L. PRIDGEN DR. PAUL E. JONES
DR. A. C. CURRENT DR. NEAL SHEFFIELD

R. C. CARTER
CERTIFIED PUBLIC ACCOUNTANT

RALEIGH, N. C.
JANUARY 19, 1946

Dr. Wilbert H. Jackson, Secretary-Treasurer
North Carolina State Board of Dental Examiners
Clinton, North Carolina

Dear Sir:

We have made an examination of the books and records of THE NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS for the year ended December 31, 1945, and present herewith a report consisting of the following Exhibits and Schedules:

Exhibits

- A Balance Sheet
- B Statement of Income and Expense

Schedules

- 1 Board Members per Diem and Expense
- 2 Board Meetings and Examination Expenses
- 3 Bank Reconciliation

We traced all recorded cash received into the bank and examined the paid invoices and checks covering all disbursements, which we found to be properly received, signed, endorsed, and cancelled.

Respectfully submitted,

R. C. CARTER,
Certified Public Accountant.

NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS BALANCE SHEET

DECEMBER 31, 1945

EXHIBIT A

ASSETS

Cash:

On Deposits—First Citizens Bank & Trust Co., Raleigh, N. C.	\$	312.33
Return Check S. P. Gay		2.00

Total Assets	\$	314.33
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LIABILITIES AND SURPLUS

Accounts Payable:

Dr. Wilbert Jackson	\$	300.00
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Surplus:

Balance from Exhibit B	\$	12.33
Return Check		2.00
		14.33

Total Liabilities and Surplus	\$	314.33
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NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS STATEMENT OF INCOME AND EXPENSE

YEAR ENDED DECEMBER 31, 1945

EXHIBIT B

Balance—January 1, 1945	\$	384.32
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Income:

1945 Renewals Dental 44 @ \$2.00	\$	88.00
1945 Renewals Dental 23 @ —		
1946 Renewals Dental 756 @ 2.00		1,512.00
1946 Renewals Dental Hygienist 2 @ \$2.00		4.00
1940 Renewals Dental 3 @ —		
Examinations 51 @ 20.00		1,020.00
R. L. Hunt License to Resume Practice		10.00
J. Y. Hinson License to Resume Practice		20.00
Return Checks		6.00
		2,660.00

Total Balance and Income	\$	3,044.32
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Expense:

Board Members per Diem and Expense (Sch. 1)	\$1,539.10
Board Meetings and Examination Expense (Sch. 2)	453.12

Salaries:

Secretary and Treasurer	\$ 300.00	
Asst. Sec'y. and Treasurer	100.00	400.00
<hr/>		
Postage, Registering Licenses and Mailing Notices	193.93	
2,000 Copies Law and Dental Hygienist Supplies	187.30	
Telephone and Telegraph	70.80	
Legal	50.00	
Auditing	50.00	
National Association of Dental Examiners	45.00	
Clinic	11.10	
Office Supplies	15.50	
Insurance	6.30	
Freight and Express	1.84	
Return Checks	8.00	\$3,031.99
<hr/>		
Balance—December 31, 1945		\$ 12.33

NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS
BOARD MEMBERS PER DIEM AND EXPENSE

YEAR ENDED DECEMBER 31, 1945

SCHEDULE 1

Dr. A. C. Current			
Per Diem	\$ 210.00		
Expenses	47.15	\$	257.15
<hr/>			
Dr. Wilbert Jackson			
Per Diem	\$ 228.00		
Expenses	40.25		268.25
<hr/>			
Dr. John R. Pharr			
Per Diem	\$ 210.00		
Expenses	42.55		252.55
<hr/>			
Dr. D. L. Pridgen			
Per Diem	\$ 210.00		
Expenses	21.75		231.75
<hr/>			
Dr. Paul E. Jones			
Per Diem	\$ 210.00		
Expenses	43.75		253.75
<hr/>			
Dr. Neal Sheffield			
Per Diem	\$ 210.00		
Expenses	65.65		275.65
<hr/>			
Total (Exhibit B)			\$1,539.10

NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS
BOARD MEETINGS AND EXAMINATION EXPENSES

YEAR ENDED DECEMBER 31, 1945

Carolina Hotel	\$ 237.52
Mrs. Vallie L. Henderson, Assistant	40.00
Technic Teeth	36.00
Supplies, Stationery, Duplicating, etc.	50.31
Advertising	7.61
Janitor and Labor	20.00
Drayage and Storage of Equipment	38.73
Technic Models	12.50
Special Meeting Holly Inn	10.45
Total (Exhibit B)	\$ 453.12

NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS
BANK RECONCILIATION

DECEMBER 31, 1945

SCHEDULE 3

Receipt	\$2,660.00
Balance: January 1, 1945	684.32
	3,344.32
Disbursements	3,031.89
Book Balance December 31, 1945	\$ 312.33
Add: Check Outstanding	No. Amt.
	424 \$10.00
	717 .06
	951 2.00
	1085 4.62
	16.68
Bank Balance, December 31, 1945	\$ 329.01

Dr. Wilbert Jackson:

I move that the report be accepted.

Motion seconded, put to vote, and carried.

President Barker:

Is it necessary to have a motion for reinstatements? It is not, is it? (No response.)

Are there any further reports or business?

Dr. H. O. Lineberger:

I have the report of the Legislative Committee.

Read report.

LEGISLATIVE COMMITTEE

The Legislative Committee at the last meeting of the North Carolina Dental Society submitted a proposed Dental Hygienist bill for your consideration. Since then the bill has been completed and successfully passed the 1945 Legislature and is now a law.

During the last two years your committee has been very active with national legislation. We gave our support to the bill in the Congress which gave the Navy Dental Corps the rating it deserved. We have actively supported the A. D. A. Dental Research bill, known as S. 190 in the Senate and H. R. 3816 in the House; and the Grants-In-Aid bill, known as S. 1099 in the Senate and H. R. 3412 and H. R. 3414 in the House, and have filed opposition to the Wagner-Murray-Dingell bill.

In pursuance to the request from the A. D. A. Legislative Committee, our committee requested the officers of the District Dental Societies to call a special meeting to discuss the pending legislation now before the National Congress. All District Societies held a special meeting and had a most enthusiastic response. The State and National Legislative Committees are both deeply grateful for this fine spirit of coöperation.

It is a known fact that our Representatives in both the State Legislature, as well as the National Congress, hesitate to give their support to a measure until he has heard from the dentists in his district. We have had many concrete evidences of this fact in our North Carolina General Assembly. Your committee urges every member of the dental profession to let his representative in the Congress or the State Legislature, know just how he stands on all pending dental or health service legislation.

Respectfully submitted,

H. O. LINEBERGER, *Chairman*

PAUL JONES

C. C. POINDEXTER

Z. L. EDWARDS

FRED L. HUNT

Dr. Lineberger:

I move the adoption of the report.

Motion seconded, put to vote, and carried.

President Barker:

The motion is carried, and it is so ordered.

Dr. Marcus Smith:

Mr. President?

President Barker:

Dr. Marcus Smith.

Dr. Smith:

I have the report of the Arrangements Committee.

Dr. Smith read the report.

REPORT OF THE COMMITTEE ON ARRANGEMENTS

The Arrangements Committee met two or three times during the year with the Entertainment, Golf, and Housing Committees. Secured the services of a Pinehurst concern to furnish a loud speaker system. Rented adding machines for the election from Pinehurst Inc., and have tried to attend to other details the best we could.

F. H. UNDERWOOD
F. W. MCCracken
A. D. BARBER
B. W. WILLIAMSON
MARCUS R. SMITH, *Chairman*

Dr. Sanders:

I move the adoption of the report.

Motion seconded, put to vote, and carried.

President Barker:

Any further reports? Dr. Branch.

Dr. Ernest A. Branch, Chairman, read the report of the Oral Hygiene Committee.

REPORT OF THE ORAL HYGIENE COMMITTEE THE NORTH CAROLINA DENTAL SOCIETY

1946

In making its report the Oral Hygiene Committee of the North Carolina Dental Society is taking the liberty of using the report of the Division of Oral Hygiene of the North Carolina State Board of Health to the Conjoint Session of the North Carolina State Board of Health and the North Carolina Medical Society.

SUMMARY OF CORRECTIVE AND EDUCATIONAL WORK

APRIL 1, 1944-DECEMBER 31, 1945

Number of counties visited	68
Number of schools visited	949
Number of children—mouths inspected	97,917
Number of underprivileged children receiving dental corrections	57,936

AMOUNT AND CLASS OF TREATMENT ITEMIZED AS FOLLOWS

Number amalgam fillings	24,238
Number cement fillings	7,064
Number silver nitrate treatments	94,270
Number teeth extracted	47,308
Number children—teeth cleaned	54,295
Number miscellaneous treatments	5,196
Total number of operations	234,434
Number of teeth extracted that were six-year molars	3,572
Number of teeth filled that were six-year molars	18,157
Number of lectures on Mouth Health	2,276
Total attendance at lectures	99,408

It will be noted that during the period of time covered by this report, even though, due to conditions brought on by the war, the staff was greatly reduced in number, the school dentists worked in sixty-eight counties. These counties extend from the coast line to the Tennessee border. However, no county received as much service as was needed or as much as the county was willing to provide for in its budget. All of the counties of the state not represented in the report would have provided funds for this activity had we been able to secure dentists to send to them.

Nine hundred and forty-nine schools of the state were visited by a school dentist. This means that a dentist was in each school for one or two weeks. Every child in each school had the privilege of hearing, in his or her own classroom, the dentist discuss the importance of mouth health. Every child also had the privilege of having a dental inspection by the dentist. Those not financially able to take care of their own dental needs received the necessary corrections while those who were financially able to do so were referred to their own dentists. This referral was done by means of United States postal cards signed by the school dentist and mailed to the parents.

Ninety-seven thousand nine hundred and seventeen children had dental inspections. This is one out of every ten children enrolled. The educational value of an inspection by a dentist cannot be estimated. The follow-up can be stimulated and encouraged by the teachers or other health workers, but, there is no one who can take the place of the dentist in making the initial inspection.

The number of children receiving the necessary dental corrections was 57,936. These corrections consisted of amalgam and cement fillings, nitrate of silver treatments, extractions, and the cleaning of teeth for a total of 234,434 operations. This is slightly less than four operations per child.

Of the 47,308 teeth extracted we find that only 3,572 were six-year molars. These are permanent teeth and especial emphasis has been placed on the importance of caring for and preserving these teeth. That this number is far smaller than it used to be is most encouraging and leads us to believe that our efforts have resulted in the conservation of these first permanent teeth, and, therefore, in better health for many of our children. A concrete example is furnished by a single school. The school

dentist recalls that when he visited this school fifteen years ago it was necessary for him to extract over one hundred permanent teeth, while, on his last visit, he found only two permanent teeth which needed to be extracted.

Of the teeth filled 18,157 were six-year molars. Had they not been filled by the school dentists it would have been necessary to number these teeth among those to be extracted a little later.

We would like to stress the importance of the educational part of the program. When the dentist goes into the classroom and talks about the value of proper dental care his very presence makes a deep and lasting impression on the children. Two thousand, two hundred and seventy-six classroom lectures were delivered and were attended by 99,408 children.

Our puppet show which is now in its eleventh year is more popular with teachers and children than ever. During this period over 300,000 children have witnessed the show. Thousands upon thousands of these children have written letters to Little Jack, the hero of the show, and, in return, have received appropriate answers from him.

One of the most extensive phases of our activity is the distribution of supplemental dental health material to assist the teachers in their mouth health instruction. This material is available, without cost, to any teacher who requests it. The extensive use being made of the material is indicated by the following figures. During one month we distributed, in response to requests:

- 2,850 copies *Teaching Mouth Health In North Carolina* to classroom teachers.
- 6,000 sheets *Graded Educational Material* to teachers in response to their requests for dental health material for classroom use.
- 12,000 sheets *Graded Educational Material* distributed to the teachers by the dentists on our staff.
- 45,000 sheets *Little Jack's Merry-Go-Round* to elementary schools to go in school papers and on classroom bulletin boards.
- 2,000 *Little Jack Letters* used in answering Little Jack's fan mail.
- 17,750 copies *Mouth Health Catechism* to dentists in private practice and to county health officers.

While we have reached a low point in the number of dentists on the staff we expect to increase the number as rapidly as possible. Our chief effort is now being directed toward recruiting the staff. In the near future we hope to have a staff of fifty dentists and to be able to render service in every county in the state.

Respectfully submitted,

ERNEST A. BRANCH, *Chairman*
 A. C. CURRENT
 FRANK W. KIRK
 W. I. FARRELL
 D. T. CARR
 A. L. WOOTEN

President Barker:

Thank you, Dr. Branch.

Dr. Branch:

While I am on my feet, may I say we have 50,000 catechisms coming from the printer almost any day. So you fellows send your cards requesting them.

President Barker:

That is a very impressive report. Do I hear a motion that it be accepted?

Motion to accept the report; seconded; motion put to vote and carried.

President Barker:

Any further reports?

Dr. R. Fred Hunt, Chairman:

I have a report I should like to make on the Socio-Economics Committee.

Report read.

REPORT OF THE SOCIO-ECONOMICS COMMITTEE

I am happy to report that the economic situation in North Carolina continues at a very high level. Probably at no time during the history of the dental profession, in this state, has the economic condition of the members of our society been as gratifying as during the past few years. No doubt this will be reflected in the attendance at this meeting today.

However, there is also a dark side to the picture. I refer to the activity of the proponents of socialized dentistry and medicine.

If we are to survive this growing tendency to state dentistry it behooves us to present a workable solution that will counteract such legislations as the Wagner-Murray-Dingell bill, and at the same time place good dentistry within the reach of the entire population.

Respectfully submitted,

R. F. HUNT, *Chairman.*

Dr. Hunt:

I move the adoption of this report.

Dr. F. W. Kirk:

I second the motion.

Motion put to vote and carried.

President Barker:

Do we have any further reports or any other business? (No response.)

A motion for adjournment seems to be in order.

Dr. S. L. Bobbitt:

I move we adjourn.

(This motion was seconded and when put to vote was carried, and the House of Delegates adjourned.)

MONDAY EVENING GENERAL SESSION

MAY 6, 1946

The Monday evening session of the Ninetieth Anniversary Meeting of the North Carolina Dental Society was held in the ballroom of the Hotel Carolina, Pinehurst, beginning at 8:00 p. m., with the President, Dr. O. C. Barker of Asheville, presiding.

President Barker:

The meeting will come to order.

At this time the Chair is happy to recognize Dr. H. O. Lineberger, who will introduce out next speaker.

Dr. Lineberger:

Mr. President, Guests, and Members of the North Carolina Dental Society: While serving as a member of the American Dental Association's War Service Committee it was my privilege and pleasure to know our next essayist. She appeared before our Committee on several occasions, representing the National Dental Hygienists Association. We were very much impressed by the then Secretary of the Association; and when, three years ago, the North Carolina Dental Society requested that the Legislative Committee present to our Legislature a dental hygienists' bill, naturally I turned to our essayist for it. I want to take this opportunity to thank her publicly for the splendid coöperation she gave us in helping prepare the bill which is now part of the law of North Carolina. At this time I am happy to present to you Miss Sophie Gurevich, the President-Elect of the American Dental Hygienists Association, who will address you.

Miss Sophie Gurevich:

Mr. President and Members of the North Carolina Dental Society: I am very happy to be here. I was delighted when I was invited to North Carolina, because I spent many vacations in this state for a good many years. Then when North Carolina wanted this law passed, I was very thrilled. So I was delighted to come again.

(Miss Gurevich read her prepared paper.)

THE DENTAL HYGIENIST—HER PLACE IN THE DENTAL
PROFESSION*

By SOPHIE GUREVICH, R.D.H.

President-Elect, American Dental Hygienists' Association

The dental hygienist as defined by the American Dental Hygienists' Association is a "Public health educator and oral prophylactician; college trained and legally qualified auxiliary dental personnel. She promotes dental health through educational activities in schools, clinics, and institutions, and performs operative prophylaxes for removal of stains, accretions and calcareous deposits from the surfaces of teeth and other preventive services in clinics and private offices, consistent with the respective state dental laws."

The first school for dental hygienists was established by Dr. A. C. Fones in 1913 in his office in Bridgeport, Connecticut. Three years later when the education of the dental hygienist was undertaken at Columbia University, the Eastman Dental Dispensary and the Forsyth Dental Dispensary, Dr. Fones closed his school. There are now sixteen schools for the education of the dental hygienist throughout the country. Most of these schools are connected with or are part of universities and dental colleges, such as the University of California, University of Michigan, Temple University, etc.

There is a tremendous shortage of professional personnel in dentistry and the real problem is one of man power as well as the facilities for training professional personnel. The creation of additional schools for the training for dentists as well as auxiliary personnel will help to alleviate this situation. Incidentally, it is hoped that in the very near future there will be a school of dentistry and dental hygiene in the State of North Carolina of such high standing and quality as is commensurate and proper for this great state which has contributed so much in the field of education.

The Committee on Standardization of Dental Hygiene Courses of the American Dental Hygienists' Association has been making a comprehensive study of the education of the dental hygienist for the purpose of standardizing and improving curricula and the educational requirements in the va-

* Read before the North Carolina State Dental Society Meeting, Pinehurst, North Carolina, May 6, 1946.

rious schools. It is their belief that dentistry is best served by graduates of schools connected with recognized universities and dental colleges and which are accredited by the American Dental Association. A school for dental hygienists as defined by this Committee is a non-profit institution of higher education, devoted exclusively to the preparation and training of dental hygienists, having legal authority to grant a certificate or Bachelor of Science degree in Dental Hygiene, predicated on the minimum requirements for admission which are equal to graduation from an accredited high school or equivalent thereto.

The Committee is of the opinion that no course in dental hygiene should be for less than two academic years (60 weeks) and that such course shall be of such quality and standard as to permit full credit towards a Bachelor of Science degree. Students shall be qualified to recognize and comprehend the oral and systemic relationships of health and disease. They shall be required to demonstrate proficiency in the performance of dental prophylaxes and shall be adequately prepared to teach and interpret all phases of dental health to individuals and groups of all ages. Courses should be comprehensive and inclusive, bringing into coördinated teaching procedures subjects which are related, such as:

- Gross Anatomy and Physiology
- Dental Histology and Oral Anatomy
- Biochemistry
- Bacteriology
- Pharmacology and Materia Medica
- Dental Hygiene
- Nutrition
- Hygiene
- First Aid and Accident Prevention
- Dental Pathology
- Roentgenology
- Dental Health Education, Methods and Practices
- Public Health
- Fundamentals of Speech
- English Composition
- Sociology
- Psychology

These courses should be supplemented with sufficient hours of laboratories and clinical practice. Graduation from such a course of instruction, plus the successful completion of State Board Examinations, places the dental hygienist in a position to render invaluable aid as an auxiliary worker in dentistry.

The profession of dental hygiene offers unusual opportunities for the women of this country and it attracts young, energetic and intelligent women embarking on a career of public service. Dentists usually indicate a preference for younger women, other qualifications being the same. Women seldom enter this occupation after the age of twenty-five, although those already in the profession are likely to have no difficulty in continuing successfully through middle age. Because of the regular hours,

marriage is no handicap and the extent to which it may interfere depends upon the attitude of the dentist who is the employer.

The demand for dental hygienists in this present era will in all probability continue to exceed training facilities. There is no doubt that the actual need (as distinct from the effective demand) for the type of service which the dental hygienist renders is far greater than the supply of persons prepared to fill it. In 1938 it was estimated that the 4,151 dental hygienists registered at that time could provide no more than 1 per cent of the estimated initial and maintenance prophylactic service needed by the population of the United States, were this service performed entirely by dental hygienists (1). In this era of prosperity with its increased buying power and greater appreciation and demand for good dental care, the problem is accentuated.

The dentists upon whom professional demands are so great have come to realize the need and value of auxiliary personnel. Dentists may devote more productive time to the skilled procedures and professional techniques which they alone are qualified to perform, if some of the lesser tasks such as prophylaxes, educational instruction and X-ray exposures are made by a properly trained and qualified dental hygienist under the supervision and direction of the dentist.

Reliable studies have clearly demonstrated the value of auxiliary personnel in dental offices (2). In a survey made last year in Massachusetts it was found that the average output of a dental hygienist, in a private office, during a seven-hour day, was 1,325 prophylaxes a year, each requiring at least forty-five minutes and a contribution of 975 chair hours to the annual output of the dentist by whom she was employed. The great majority of the dental hygienists who answered the questionnaire said that they also assisted the dentist at the chair, in surgery and in the laboratory (3). The estimates of productive hours contributed will vary with the individual involved. For example, a dental hygienist in one of the private offices in Washington during the past year worked 149 days, contributed 1,197 hours of service and gave 1,599 prophylaxes, but was not required to assist her dentist in general. It is perfectly clear that the addition of a dental hygienist in a dental practice not only saves the professional time of the dentist, but he is actually able to render a higher and more complete type of service to a larger segment of the population and at the same time receive a greater financial return.

The effectiveness of the dental hygienist in public health programs has been clearly demonstrated. It is a recognized fact that neither teachers nor dentists are in a position to actively engage in dental health education, especially among school children. The teachers are already overburdened with heavy responsibilities and a full curriculum and would neither have the time nor be willing to take the additional training necessary to properly qualify them. To utilize dentists for health education purposes in the face of the tremendous shortage would be an unwarranted and unjustified waste of their training and professional time. Thus, it seems that the dental hygienist, properly qualified and trained, is in the most favorable position to engage in this work and act as a tie-in or liason between

the dentists of the community and school personnel because her interest lies primarily with dentistry, and because of her training she is in a better position to give this service.

A dental hygienist employed by either a school board or state or local health department should have certain qualifications other than graduation from a recognized school of dental hygiene. If she does not have a Bachelor of Science degree in Dental Hygiene, she should have at least one of the following additional qualifications in the order of their preference:

1. B.A. or B.S. degree in Teaching.
2. Postgraduate studies in Public Health.
3. Three years' experience in a comparable Public Health Program.
4. Two years' in-service experience in the dental program.

A corps of dental hygienists working under the general direction of the Director of Dental Services, who should be a dentist qualified to hold such a position, could conduct and interpret the dental health program in the schools and coördinate the activities of lay groups. In the schools she could conduct mass inspections, classroom lectures and a follow-up program. The inspections give an accurate picture of the dental conditions and through her classroom work and follow-up program she will see to it that the children get the much needed corrections by dentists and that they learn the need and importance of this work.

In the District of Columbia such a program has been in operation for a number of years and has received national recognition. The Educational Program there consists of the three phases already mentioned (inspection, instruction, and follow-up) and is conducted by a corps of dental hygienists under the direction of the Director of the Bureau of Dental Services, in the public and parochial schools, kindergarten through high school. Inspections are made with mouth mirrors, explorers and artificial light when necessary. These inspections are integrated with school activities so as not to disrupt school routine and discipline. At the conclusion of the survey or inspection in each school, appropriate lists based on the results found are prepared in duplicate and a copy given to the principal or homeroom teacher. These lists are used for follow-up purposes and to enable correction of those cases requiring immediate attention.

The follow-up program and the dental health education activities are integrated and inseparable and are a part of school life and activity. The hygienist visits the schools assigned to her regularly. Her first visit to a school during this phase of the program is devoted to conferences with the school principal and teachers for the purpose of scheduling classroom talks and conference periods. She also collects and records all returned corrective cards that are signed by dentists and indicate complete correction. Thereafter, during each successive visit, her efforts are directed particularly to those children who have not yet obtained correction. Individual conferences (three or four) are held first with the children, then with the parents, and if that fails, the case is referred to the Public Health Nurse for a home visit.

During the various visits to the schools, talks that are integrated with classroom activities are given in the fourth, fifth, and sixth grades. A

short talk is given in the other grades if time and the school schedule permit. The educational activity varies in the different schools and depends largely upon the attitudes and interests of the principals and teachers.

During the years this program has been in effect there has been a very marked increase in dental corrections which is undoubtedly due to the effectiveness of the program. It is interesting to note that the major proportion of children who received complete corrections received this service in the offices of private practitioners. In the school year 1943-44, 40 per cent of all school children had complete dental corrections. Of this number, 90 per cent of the white school children had their work done in private offices and during the same period 38 per cent of the Negro children had their corrections completed in private offices. The whole plan of motivation is to stimulate the children to go regularly to the dentist and preferably to the private practitioner. Only those who are certified by school authorities or Health Department personnel as underprivileged or indigent are referred to clinics.

The dental hygienist can function only as auxiliary personnel in dentistry. While the contribution of the dental hygienist is but a proverbial "drop in the bucket" as compared to the actual need, yet it is a service whose complete utilization will supplement the efforts of the dentist to a greater degree than many believe possible. It is not suggested that her scope of activities be broadened, nor that her work be expanded into newer fields of endeavor, but rather that her services be used to their fullest extent, doing the things that she has hitherto done in a very commendable manner.

There is one other field offering unlimited opportunities for dental hygienists, and about which little has been written. Industrial dentistry is on the verge of being developed to meet existing needs. In the past thirty years over eight hundred industries have established dental health programs for the benefit of workers and there is now an organized program throughout the states to encourage and promote similar programs.

There are many aspects of industrial dental hygiene service with varying methods of approach and adaptation. The location of the industry in relation to availability of dental care from private sources; the type of work required of workers, whether of a heavy or light industry; and, the dental needs of the workers, as of an emergency or reparative nature, would determine the scope of service which might be acceptable to both management and employee.

As the ultimate aim of the dental hygienist is towards the prevention of dental disease in the industrial worker, the primary consideration would necessarily be in the education of the employee in dental health. With her knowledge and training it is possible for the dental hygienist to correlate the relationship of dental foci to systemic diseases, to stress the prevention of dental foci through early and adequate dental care and to advocate the need for periodic examination and prophylaxes.

The services of the industrial dental hygienist could include assistance in arranging appointments with dentists, suggesting essential dental needs

to the employee and obtaining special care for the emergency dental cases brought to her attention. The importance of this type of service can better be appreciated in the lowering of absentee rates where dental need is given immediate consideration.

Finally, the opportunity which the industrial dental hygienist has in instructing the worker in the proper care of his own mouth can readily lead to the direction of care for his children's teeth to obtain optimum dental and general health. With this approach to the parents of the future generation, the dental hygienist can instill a desire for curative service for children to avoid the dental complexities of adult life and be nearer the goal of preventive dental care.

Despite the evolutionary status of dental hygienists both in dentists' offices and public health programs which makes prediction difficult, there is certain to be a large demand for the employment of women trained in this field. The increased demands and the greater appreciation by the public for a high type of dental service has resulted in a critical situation. The under supply of dentists to meet this demand could not possibly be alleviated within our lifetime unless organized dentistry embarked upon an extravagant program for training additional personnel.

In the meantime, professional service is at a premium and every effort should be made to conserve professional time. The proper utilization of dental hygienists in private dental offices and public programs will in a large measure enable the dentists to render a greater and better service to the public at large.

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President Barker:

Thank you, Miss Gurevich. We appreciate your contribution to our program.

The Chair is glad to recognize Dr. H. Royster Chamblee of Raleigh, to introduce the next speaker.

Dr. Chamblee:

Mr. President, Members of the Society, and Guests: It is my pleasure to present to you our next speaker, and in doing so it is not amiss to congratulate the Program Committee upon having secured this gentleman to speak to us tonight. He is

an authority on the subject of pedodontics and has contributed much to this specialty. He is very versatile; he has continued over the years to be a student and he is a teacher, being assistant professor of operative dentistry in the Medical College of Virginia. He is active in organized dentistry and is a poet, humorist, and an author, among other things I could name. The man of whom I speak is Dr. G. A. C. Jennings of Richmond, better known to his many friends as "Skeeter." All right, Skeeter.

Dr. G. A. C. Jennings:

Mr. President, Members of the North Carolina Dental Society, Visitors, and Guests, and My Good Friend Dr. Chamblee: It appears that you are having a good meeting here in North Carolina, regardless of some mishaps that unfortunately overtook the organization. The first is that one of your clinicians did not arrive. The second one, which will take place shortly, is that another of them did—namely, myself.

(Dr. Jennings then read his paper.)

OFFICE AND PATIENT MANAGEMENT IN A PEDODONTIC PRACTICE

DR. G. A. C. JENNINGS

This paper is primarily intended to stimulate interest in the practice of dentistry for children, and to bring you some information I have acquired after a number of years in practice, limited to that field.

There is nothing scientific in my discussion. Perhaps you know and put to practice many of the points that I expect to bring out. Where I picked them up I do not know. This paper is just like the man who asked the cook her recipe for the delicious hash. Boss, there just ain't no recipe for hash, it just accumulates.

Of course now all dentists are not geographically located to limit their practice to children, and not all dentists are constitutionally adapted to work for children, but there are many cities and towns that could afford a good livelihood in the field of dentistry for children, and there are many of you in the audience who are qualified physically, mentally and professionally, to make a success in this special service.

The average busy dentist works about 1,200 to 1,500 hours per year, I am told, but I am not physically qualified or mentally inclined to work that many hours. There are too many meetings, conventions and other enjoyable things to do. This is not to imply that I do not enjoy my work, because I do.

To adequately render the necessary service to children in my practice, that is, patients under 15 years, it requires on the average of three and one fourth visits per year. Appointments are made for from 15 minutes

to an hour, depending upon the age of the child, and the amount of restorative dentistry to be done, but the average appointment time is 37 minutes. What does all of this mean? From my deductions, it means that wherever there is a city, town or community with six or seven hundred children of parents who are educated to the needs of dental services for their offspring, and who are financially able to afford this essential health service, and, where the dentists and physicians in the community are also educated to the necessity for such treatment and are willing and will refer such cases, there is an opening for a dentist to limit his practice to pedodontia. Some communities might have a child population of 6,000 or 60,000, and still it would not be a suitable location for a pedodontist.

The above statement has many provisos. First, the population. It is easy to determine, from the schools what the child population is. Second, ability to pay. From the Chamber of Commerce, Community Fund, Health Department and many other organizations should help in establishing what per cent can afford dental services. Being able to pay for such treatment is not sufficient, education is necessary. Not only lay education but the professions must also be educated, and a conscientious effort must be made to refer patients. Once such a practice is established don't think you will soon work yourself out of a job, for there has been quite a bit of activity going on, on all fronts, and the statistics show that there has been a bumper crop of babies in recent years. With a family of 6 or 7 hundred children it will surprise you how they will keep your nose and their teeth to the grinding stone. Let us start with 600 children and an average of $3\frac{1}{4}$ visits per year, and each visit averages 37 minutes, this means you have worked 1200 hours. Most dentists think that they put in more production hours per year than they really do. Time yourself for one week. It will surprise you.

How to establish fees for children—per visit, per operation, per hour or per year? I have tried them all in the last 20 years, but have discarded the yearly fee basis, primarily because of criticism from the profession. I now combine operations, visits and time, and make an estimate. All, like dental services are not of the same monetary value to the patient, or to the dentist. For example, the maxillary central incisor of the soon to be debutante daughter of the bank president is of greater value to these parents than the same tooth would be to a girl whose parents are a cotton mill worker, and your responsibility, prestige and professional judgment is multiplied many times for the banker's daughter. Therefore, the fee should not be the same. So patients are classified not only in regard to the ability to pay, but the demands they place on you, the reputational gamble that you take, the coöperation of the patient and parent.

How to establish classification of patients. First is know your city, then know your people. The best way to know your city is to be interested in it. Join the Chamber of Commerce, your citizens organizations, a civic club, attend public meetings, be a helper and worker in community chest drives, Red Cross. In these ways you will learn your city and its people, and with a comprehensible history on each patient you can determine to what classification they belong.

Dental fees to some is a burden, and to some a social obligation, to others it is only a trivial expense, and still others a sound investment. With each patient have a history. Get address, home and business, the section of the city in which they live means something. Most of us live up to our income. We like to keep up with the Joneses. First Avenue might be a more restrictive area than First Street. Where does the parent work. In the Army—that isn't enough. He might be a private at \$50.00 per month, or a Colonel at \$550.00 per month. He might be employed in a tobacco factory as president or janitor. From the home address, place of business and position held, family dentist, family physician, by whom referred to your office, and observing their conduct and personal appearance, you should be able to come close to a proper classification. To get this information requires tact, and just at this point I should like to mention briefly the dental assistant, or secretary. Improper approach in securing such a history may cause resentment on the part of the patient. Your secretary first should like children, and be of the type that children like. Young children have a strong instinctive power to quickly determine their like or dislike for people. She must also have common sense and be a good judge of human nature. Be able to evaluate personalities at a glance. She must have a good memory, a pleasing smile and pleasant appearance and a soft but distinct speaking voice. This kind of a secretary not only will be able to get the desired information without offending, but will, with a little practice and encouragement on your part, be able to classify your patients. With a classification of A-B-C-D you can then estimate fees. With 600 children and $3\frac{1}{4}$ visits per year of 37 minutes each, that means approximately 1200 hours. So you work 1200 hours, at a flat hourly rate of \$10.00 per hour for all patients. You have collected \$12,000, but you have worked a hardship on some and practically given your services to others. Let us say for example that you classify your patients A-B-C-D $1\frac{1}{2}$ of your patients are A-

A 100 hours—\$20.00 per hour	\$2,000.00
4/12 are B patients	
B 400 hours—\$15.00 per hour	6,000.00
4/12 are C patients	
C 400 hours—\$10.00 per hour	4,000.00
3/12 are D patients	
D 300 hours—\$6.00 per hour	1,800.00
	<hr/>
	\$13,800.00

Does the surgeon operate on all for the same fee? Does it cost any more for the bank to administer a \$5,000.00 estate than a \$50,000.00 one? Does it cost any more for a lawyer to secure a title for a \$5,000.00 farm than a \$50,000.00 one? Does it cost any more to fill a \$.50 tooth than it does to fill a \$500.00 one? So much for fees and locations.

Equipment—Fancy equipment is not necessary in the operating room. I have enough trouble to keep the kids from playing with a simple plain cabinet that I have, and I certainly do not want any doll house full of drawers.

The first step in the successful management of children in a dental practice, is to establish confidence. Once this is done, the child quickly understands that your operating room is a place of business, not frolic. So don't clutter up your operating room with a lot of unnecessary, and expensive equipment simply to impress the patient. Have all the equipment you need to assist you in rendering the very best dental service to your patient, but show does not go with kids. Furnish your reception room with dignified but durable and comfortable furniture. Some children are rough with their own things, and they will be rough with yours. Don't have expensive knickknacks lying around to tempt the meddlesome child. The same goes for your play room, if you want one. One or two toys are all that is necessary and let them be of the indestructible variety.

Reception room literature—Two magazines suitable for mothers, and some comic books for the children are all that are necessary.

That telephone of yours is oftentimes the first introduction to your office, so train whoever answers it to do so in a pleasant manner. Let your secretary learn how to put a smile in her voice, and say "Hello" with all the good-naturedness, sincere friendliness and corduality that she would have, if it were her boy friend from over seas calling for his first date. Let it appear a pleasure, rather than a task, to answer the phone. Answer it with that "I'm glad you called" attitude. This single act oftentimes makes the caller want to come to an office where such a friendly voice will greet them. Much information can be gained over the phone from a new patient. Be sure to find out the patient's name, the one commonly used, so you can greet John or Mary by name upon their arrival. Find out how to contact patients in case you are called away from the office to be a pallbearer, or go on a fishing trip. Be considerate of your patients. Don't break appointments with them. They have other things to do also.

With the new patient you can establish confidence quickly by being honest, truthful and businesslike. A child told me that "All work and no play makes Jack a dull boy," but, "All play and no work makes Jack a Dammed Fool." There are not many topics of conversation that you and a child can carry on with mutual interest. The child is primarily interested in what you are going to do. How you are going to do it, and when. So be patient with him and explain what it is all about.

I like fishing, so I'd never go to a fisherman dentist, because I had rather talk about fishing than have my teeth operated upon, and the dentist had rather talk about fishing than operate. Many hours are lost at the dental chair, talking about investments, taxes, religion and styles. You dentists for adults could do well to talk about the alloy and instruments while you are using them, then you won't forget what you are doing. That is just the kind of psychology I use on the children. As I have said before, the child is primarily interested in what you are going to do, how you are going to do it, and when you are going to do it. So, I have a mirror mounted on my operating light, which enables the child to see what is going on. The operating light is adjusted so that I get its maximum illumination, and the correct head position of the patient, then the mirror is adjusted so the child has a good vision. Soon the child becomes interested in what I am doing,

because they can see the operation and I am explaining it at the same time. consequently, little time is lost over the cuspidor during the operation. The child will soon place the head in position so they can see, and this position has previously been arranged to suit the operator. Therefore, you do not have to be constantly readjusting the chair. We talk about caries, how to get it out. Enamel, how to cleave it. Handpieces, burs, what each kind does. Why they hurt. How the alloy is tricherated, how it is packed, why it should be kept dry, etc. They become interested and coöperate. I tell them I didn't put the decay in the tooth, but I have to get it out. We talk dental health, how to control caries, the value of a healthful mouth, and how to keep it so. I keep my mind on my business. Children will not let me do otherwise.

My patients can oftentimes tell when all the decay is removed from the tooth and we rejoice together that the worst part of the operation is over.

I try, and I believe I do more for my children than just fill a tooth. I make them tooth conscious, and I hope that interest will continue through life.

I can make a living out of examinations, prescribing, giving information, prophylaxis and fillings. I don't have to rely on the jewelry of shiny appliances, etc. The general dentist will have no better opportunity than now and the next few money mad years, to establish satisfactory fees for oral hygiene, extractions and alloy fillings. I started out in this dental business on the tail end of the declining wave of prosperity but I managed to weather the deep trough of the depression, and have been swept upward with incoming tide of inflation. Perhaps I have not kept up with the swift current, but I believe the crest of the wave is here. For soon these down payment boys will have all the pay checks in advance, for before long, many of the much wanted commodities will be in production again. So, may I earnestly implore you to return to your practice and render a better alloy filling for a better fee. An old negro friend of mine, who has gone to his reward with "Old Uncle Ned," used to have a pet saying "there goes a \$50.00 saddle on a \$20.00 horse." So don't go back to your office and put in a \$1.00 filling for a \$5.00 fee. You don't have to go to a dental convention to learn how to place a good amalgam filling in a child's tooth, but it might take a convention to awaken you to the fact that you can get paid for that good filling if you will do one.

When my patients outgrow me, they will go to some general dentist. If they go to some of these dentists who say they can't make a living out examinations of prophylaxis and fillings, then that patient thinks I have robbed them for ten or twelve years. So I welcome the request from all dentists, who see my patients who have outgrown me, to give them a history of the patient. This history not only furnishes information regarding restorations and corrections, but it is also somewhat of a financial report stating fees that were charged and how the patient regards his financial obligations, and, I hope, that that dentist will keep that patient in the same classification, provided conditions have not altered them.

Be honest with your fellow practitioner. Be slow to criticise, and quick to praise. Coöperate with him. Let me cite an incident that will illustrate.

Some years ago, a patient came to me, I made an examination and quoted a fee. The next day a fellow practitioner called me and asked what fee I had quoted, because that same patient was in his office then. I gladly told him, and he said, that is the same fee I will quote. Well, the patient came back to me and said Dr. — — had quoted a fee of \$250.00 also, and told me that Dr. — — also said that I could render the service to his child better than he could. I told the patient that Dr. — — could do it better than I could, so, I would say that the patient was between the Devil and The Deep Blue Sea. However, the patient came back to me because I got there firstest with the mostest talk. Coöperate with your physician friends. Refer your underweight, overweight, enlarged tonsils, defective vision and hearing cases for a physical check up, and give him a report of the oral condition of the patient.

I did not mean to drop this money matter so abruptly. Let's take a look at the gross income of the general dentist, his additional expense, his laboratory and all its equipment. The additional space required, his supply bill, his commercial laboratory bill. I know of a general practitioner who collects \$5,000.00 more a year than I do. He pays the commercial laboratory \$3,200.00 per year. He pays \$10.00 more per month rent for the laboratory space in his office. His supply bill was \$800.00 more per year than mine. He has a lathe, blowpipe, casting machine, vibrator, electric furnace and hundreds of other gadgets such as chucks, flasks, articulators, etc., and he worked 60 hours more than I did. I'm all for him, he is a good dentist, and renders a necessary service but, "Let George do it." I'll take the kids, it's more fun.

I have more patience with the scared child than I do with an Eden tulous adult while trying to get the correct bite for dentures.

Now, what happens when you get to the saturation point, that is, you are working as hard as you want to work, and have more than you can do. What would you do, tell your class A patient to go and see Dr. X and keep the Class D one? Some lower classification patients are often more desirable and we keep them, but as a general rule—well, you know what you would do. It is extremely difficult to render good dental service to the child patient whitout competent chair assistance. The time element means more to your child patient than the adult. So systematize your procedure so that there is little lost time. With the adult patient, when you are ready for an alloy filling you fill the patient's mouth full of cotton first, then hook up the saliva ejector, then hunt around for your amalgam pluggers, then sterilize your cavity and then casually tricerate your alloy, and place your filling. In operating for children we nearly do it in reverse. When I tell my chair assistant I am about ready for an alloy filling, that means she places a small pledget of cotton saturated with phenol, or two pieces of cotton with silver nitrate and eugenol on a glass slab on the bracket table. She uses her private cotton pliers so no drug is ever carried to the patient's lips from contaminated pliers of mine. About ready for an amalgam means she will get cotton rolls, place them in a holder, if a mandibular tooth, get my four pet pluggers, place them in the order I like them placed on the bracket table, get her amalgam carrier, proportions her alloy and mercury in a capsule, places it in the electric tricherator and times it. My automatic plugger is placed on the bracket table and she hooks up the saliva ejector. By this

time when I say I have finished the cavity preparation start mixing, then I fill the patient's mouth with cotton also, and by the time the alloy is trichr-ated and first piece is placed on the carrier, I have dried and sterilized the cavity and am ready to insert the filling. In this way, from 2 to 5 minutes of discomfort is saved the patient, and they appreciate your consideration of them.

I dislike to go to a dentist more than most of my patients do. The actual pain is not so great, but the inconsiderate devils won't let me spit as often as I would like to. They seat me uncomfortably, though it might be easier on them. They won't lubricate my lips before stretching my mouth a mile, they stick the mouth mirror down my throat while turning around to look for some instrument in the cabinet, they don't know that the dental engine has a low, second and third speed. They talk to someone in the business office with both hands in my mouth and they are not doing a d— thing either. They whistle a tune I don't like, or give me a lecture I don't want to hear. They don't try to control the warm water syringe, it is either too hot or too cold. The air syringe blows with a 40 mile gale. I'm telling you, what a lot of your adult patients would like to say, but they don't want to offend you or appear sissy, but try it on a child, they will tell you, and most kids are just like I am, they will and are willing to tolerate the necessary pain that goes with removing decay and placing the fillings, but these hundred unnecessary inconveniences are hard to take. If you are willing to see things through your patient's eyes and take your share of the discomforts and inconveniences, then you can successfully treat children.

Have a financial understanding with all of your patients, the A's, as well as the C's. Give them estimates. If the Class A patient thinks they are being overcharged, let them know you are overcharging them before you start the case. Then it's either no gripe or no case. It is easier to get established as a high priced good dentist than it is a cheap dentist. Who does the advertising? You can get established just as quickly among class A patients as you can the class C ones, if you are a class A dentist, and the class A's are a little more profitable.

My patients have been trained over a number of years that it is good economy to see me at least twice a year, so they make a definite appointment 6 months in advance. Each patient is contacted the day before the appointment so as to limit broken appointments, or non-productive time. After one or two years with a patient the amount of time for the 6 months appointment can easily be anticipated. Don't work too hard. No human body can stand but so much physical and mental strain. I don't want to be the richest dentist in the cemetery. I am strong for that middle road. When I work I don't want to work too hard, and when I play I don't want to play too hard. If you throw your money away, they will call you a spendthrift. If you cling on to it too close, they will call you a "tight wad." If you are the best dressed fellow in town you are a "Beau Brummel". If you are poorly dressed, you are a "bum". If you are the biggest winner in the crap game, you are a professional gambler. If you are the biggest loser, you are a sap. If you are the most pious man in the church, you are a religious fanatic. If you are the worst sinner in the church, you are a back slider and a hypocrite. So, stay in the middle road. I like pioneers, and individualists, but be dis-

tinctive by keeping up a good average in everything you do. I am not the best dentist in Richmond, and I don't want to be. There is too much envy, jealousy and criticism that goes with the best, but I couldn't live with my conscience if I were the worst.

When you practice for children, you come in contact with every phase of dentistry. Operative, minor oral surgery, impactions and supernumerary teeth, simple and complex extractions, frenum operations, flaps, etc. Crowns and bridges are not infrequent. Space retainers, X-rays, vincent's, partial and even full dentures. So, try and keep a good average in all branches.

To simplify my day's work, there is a duplicate sheet from the appointment book on my desk, showing the appointments for the day. Also, showing whether it is the first visit or the last of a series of visits. If I know this is a new patient, then I can prepare for them in advance. If I know it is the last visit, then I know I must finish. I like to know when patients arrive, and are waiting in the reception room, so we have an office secret. When a certain paper-weight is placed on the bracket table I know, but the patient does not know that my next patient is waiting, etc.—hurrying—

Dismissing the patient—the child will not want to hang around and talk, and even if he does, it is not embarrassing for you, or the next patient to start your next appointment on time, but mothers! Gee! how some of them like to talk. So I try not to see them. I once sat in on a lecture on salesmanship, and the speaker said that one of the first steps is to have your prospective customer comfortably seated. So I don't allow the mothers to sit. I insist that they stand. Then they won't ask so many questions. Most women's feet hurt. Answer all the questions during the examination appointment, when you are getting paid for what you know, rather than what you do. Try and answer them all, and anticipate those questions they don't ask.

The examination fee is the only fee that is quoted over the telephone. In seeing new, or unusually hard to handle children, we insist that they be seen in the morning hours, regardless of school, dancing, piano or anything else. It is only fair to yourself and the child that you both be fresh and in the pink of condition. Many failures with you general practitioners are due to the fact that you see the child patient at 4:30 in the afternoon when the child is tired of school, hungry for that afternoon snack, or wants to be playing with the other children, and maybe you have just had a heck of a time trying to locate that root tip from a maxillary molar extraction, or maybe Mrs. Jones has been in again for one of those numerous adjustments to be made on that lower denture that she has not paid for yet. Try and see your child patients when you are fresh and they are also.

I promised myself some time ago that I would fight two terms used by dentists as long as I live, and I don't want this opportunity to pass without mentioning them. These are, temporary teeth, and permanent fillings. Many of the deciduous, or so-called temporary teeth, give a longer period of service than many of the so-called permanent fillings.

The oil companies have educated us to change the oil in our automobiles every so often, and most of us do it religiously and think nothing of the

cost. It is just about as expensive to refill the crank case as it is to refill a tooth. And, what about the importance? When you replace a filling, the parent says "I thought you said this was a permanent filling when you filled the tooth five years ago."

In conclusion, statistics show the needs of dentistry for children. The public is beginning to demand it. Education will increase this demand. The public is able to pay for such services. There is a future in this field, and there is an obligation that we as dentists have to meet.

President Barker:

Thank you, Dr. Jennings. Your subject is a pertinent one, and we have enjoyed your message.

The Secretary has a communication to read.

Secretary Sanders:

I have here a telegram sent to President Barker which I should like to read:

Asheville, N. C., May 6, 1946.

Dr. O. C. Barker, President,
N. C. State Dental Society,
Carolina Hotel, Pinehurst, N. C.

Missed connection in Chicago. Impossible to make meeting. Every good wish to you and the fellows.

Walter McFall.

President Barker:

Ladies and Gentlemen: If there is no further business to come before this session we will stand adjourned.

Thereupon the evening session adjourned at 9:15 o'clock p. m.

TUESDAY MORNING GENERAL SESSION

MAY 7, 1946

The Tuesday Morning General Session of the North Carolina Dental Society was held in the ballroom of the Carolina Hotel, Pinehurst, beginning at nine-thirty. From that hour until noon some very interesting table clinics were held, after which the Society reconvened and the following proceedings took place.

President O. C. Barker:

The meeting will please come to order.

Are there any other committee reports ready at this time?

Dr. Harry L. Keel, Chairman:

I should like to say, for the Insurance Committee, that we recommend the continuance of the same insurance policy we have had. If any of the new men coming in want to take insurance, we suggest that they see either the Secretary-Treasurer, Chairman Keel, or Mr. J. L. Crumpton, or write to one of those persons for information.

Much has been said about hospitalization. We see no reason for putting in this plan, however, because most of the men have hospital insurance anyway.

If any of you are interested in insurance we shall be glad to give you all the information we can.

President Barker:

The Chair recognizes Dr. J. S. Betts of Greensboro.

Dr. Betts:

Mr. Chairman: From time immemorial the human mind has found strength and wisdom in remembering the greatness of the past. You are members of a great profession. There are some here who can remember a long time back. I am not naming any names at all, but many of us can remember men who reached their times of quitting who had wrought manfully, who had seen the possibilities of the profession that they started years ago. I can name a few of them that are not familiar to the majority of you. Among them was Dr. Arrington of Goldsboro. A finer gentleman never trod sole leather or breathed air. There were Dr. Everett in Raleigh, Dr. V. E. Turner, Conrad Watkins' father over in Winston-Salem, Dr. in Fayetteville. I have missed a few of them. Those men were pioneers in the days when dentistry was not much of a profession. Some of us here can remember those days.

I am told that wherever a great need is felt there always appears some man who is capable and competent and willing to meet that need. A few years ago some of the older ones of us remembered how these faithful ones had blazed the way and prepared for what we are enjoying today, because the dental profession in North Carolina and all over the country never has stood higher than it does now. (I am not saying much; it ought to stand high. It ought to be the envy of the medical profession, though I am not reflecting on them. The time was when we did not stand high with the medical profession; we were just tooth-pullers, and some of them seemed to know more about it than we do now. I am not naming any names.)

We have here a man who has been with us a great many years. He is a man that rose to meet the occasion. This man, when he undertakes anything, undertakes it with ability and determination, and he has ability. This man is Dr. J. Martin Fleming, who saw a need and went

to work. He does not appreciate any commendation, especially, or any eclat. He has written a history of dentistry in North Carolina from the time it began. That history is a priceless possession of many of us, who see the value of it. I have spoken to a good many young fellows who claim that they took the examination when I was on the Board. I have contacted a great many of them, knowing that this was coming up. Some of them did not even know the book was on sale (I am not reflecting on anyone); they did not know it was on sale for the paltry sum of six dollars. But it is on sale, and some of them will be on sale here. You can go to the booth and shell our six dollars and have something that you will prize as long as you live.

The members of the profession, and particularly the younger ones, ought to have that volume. I would not take any sum for mine. Take a word from one who has been on the way a long time and who knows the depths from which the profession has come; take my advice and procure one of those volumes.

President Barker:

Thank you, Dr. Betts.

The Chair will entertain a motion for the adoption of Dr. Keel's report for the Insurance Committee.

Motion to adopt; seconded; carried.

President Barker:

Dr. Burke W. Fox will introduce the speaker for this period.

Dr. Fox:

Most of us here have the title of D.D.S., standing for Doctor of Dental Surgery. I wish that title were Doctor of Dental Science, instead. Too often we men of the dental profession are not truly scientists. A scientist never accepts or attempts to formulate some idea or theory unless he has tested it and proved that it is true. That is the test of the truly scientific mind.

I know from the conversation that I have had this morning with our next speaker that he is truly a scientist. I have no idea what he is going to say, but from what I know of him I feel sure that we can accept what he tells us as proven fact to be that, without any question. As for the numerous titles that he holds and his educational background, you can look in your program and read all that. I should just like to introduce to the members of the North Carolina Dental Society and our guests Dr. H. Trendley Dean of Bethesda, Maryland.

ON THE EPIDEMIOLOGY OF FLUORINE AND DENTAL CARIES*

By H. TRENDLEY DEAN, D.D.S.

Prior to six or seven years ago dental research in fluorine centered largely on one or the other of the various phases of endemic dental fluorosis. The effects of using domestic waters containing excessive amounts of fluorides were thoroughly studied; fluoride domestic waters containing less than one part per million, being below the mottled enamel threshold, were considered of no dental or public health significance and unfortunately little attention was paid to them.

The recent epidemiological studies reporting wide differences in dental caries experience (prevalence) associated with the use of fluoride domestic waters in the 0.0 to 1.0 parts per million range opened up a broad field undreamed of a few years ago. The present day concept of the relation of fluorine to dental health now ranges quantitatively from inadequate, through optimal, to excessive amounts. These unprecedented disclosures point strongly to a new advance in environmental regulation through chemical control, a pressing challenge to the best scientific leadership in dentistry, sanitary engineering and water chemistry.

In these studies a total of 7,257 white urban school children, age 12 to 14 years, of 21 cities of four states were examined. All children had been continuously exposed throughout life to the variable under investigation (the common water supply). Study of the intensity of dental caries attack, as shown by the dental caries experience of the population, disclosed striking differences. Children using domestic waters containing as little as one part per million of fluoride experienced only about a third as much dental caries as comparable groups using a water that contained no fluoride. Briefly, 847 children continuously using a domestic water containing more than 1.4 ppm of F. averaged 2.4 decayed, missing, or filled teeth per child; 1,403 children of cities whose water supplies contained between 1.0 and 1.4 ppm of F. showed 2.9 affected teeth per child. In the 1,140 children of cities whose public water supplies contained 0.5 to 0.9 ppm of F. an average of 4.2 teeth per child showed evidence of past or present dental caries attack, while in the 3,867 children of cities whose common water supplies contained less than 0.5 ppm of F. an average of 7.4 teeth per child showed evidence of having experienced dental caries.

Most outstanding of those differences was in the upper incisors. In the 3,887 children residing in cities whose water supplies contained less than 0.5 part per million of F., 3,106 out of 30,528 surfaces showed evidence of dental caries experience, or a rate of 10.2 per 100 surfaces. In sharp contrast the 3,390 children, residents of cities wherein the public water supply contained 0.5 ppm of F., or more, disclosed only 292 out of 26,818 with caries experience, or a rate of 1.1 per 100 surfaces. When comparisons are made between children using fluoride-free water and those using waters containing a part per million or more of F., the contrast is even greater, differences of as much as 20 to 1 or more being observed.

* Abstract of an address given by Dental Director H. Trendley Dean, USPHS, before the North Carolina Dental Society, May 7, 1946, at Pinchurst, North Carolina.

Other studies in England, South Africa, and India report similar findings respecting the influence of small amounts of fluorides on the amount of dental caries in the community.

Much investigative work naturally remains to be done before serious thought can be given to a recommendation for its universal application. Fortunately the amount of fluoride necessary to markedly inhibit dental caries attack is so low that the disfiguring complication of mottled enamel found among users of higher fluoride waters is eliminated. In fact, there is apparently little, if any, advantage to be gained in further caries reduction by using a water containing more than one part per million of fluoride. Moreover, low fluorination would not involve adding anything not already present in water supplies now used daily by several million people in this country and the optimal amount suggested namely, one part per million, is considerably less than hundreds of thousands of people have been using for years. For instance, the City of Colorado Springs has been using a public water supply containing approximately 2.5 parts per million of F. for probably sixty years. The public water supplies of Amarillo and Lubbock, Texas, are considerably higher.

On the basis of the order of the epidemiological events and knowledge from laboratory studies one seems fully justified in inferring that the inhibitory agent is the fluoride present in the water supply. On the basis of concomitant variation, the evidence is particularly impressive; the fluoride variable cannot be changed in quantity without affecting the phenomenon (dental caries prevalence), fluoride seemingly constituting an indispensable condition of this particular phenomenon.

At present several studies particularly designed to test this fluorine-dental caries hypothesis are under way. Within the next five to ten years the answer should be available—is it possible to transfer the benefits of this naturally occurring phenomenon to a public health control measure of widespread usefulness? Demonstration studies to test the effectiveness of this measure are being conducted at Grand Rapids, Michigan; Newburgh, New York; Midland, Michigan; Brantford, Ontario; and Sheboygan, Wisconsin. In each of these cities the "fluoride-free" domestic water supply is being fluorinated so as to bring the concentration up to the level optimal for dental health, one part per million.

In the application of sodium fluoride to the domestic water supply no technical difficulties have been encountered. At Grand Rapids where low fluorination began in January, 1945, daily analyses of water samples collected from various parts of the distribution system disclose a consistent uniformity in concentration. The cost of low fluorination at Grand Rapids is about six cents per person per year.

The presumed hazard of cumulative toxic bone fluorosis would seem greatly reduced by the extensive studies of McClure and his associates. This work indicates that an efficient urinary elimination of fluorine seems to be characteristic of individuals living in areas where the domestic water contains 0.5 ppm to 5.0 ppm of fluorine.

Should the high attack rate of dental caries be subject to mass control measures, the influence on dentistry as at present practiced is obvious.

If the addition of one part per million of fluoride (F) to a fluoride-free domestic water markedly reduces the amount of dental caries in a community to a level comparable with that observed when this amount of fluorine occurs naturally in a domestic water, the whole problem of dental hygiene must be re-evaluated.

As knowledge advances it becomes apparent that the fluoride content of the domestic water is destined to play an important role in dental hygiene. Even at this stage of the development, there seems much justification for classifying domestic water supplies into one or the other of three groupings:

1. Those carrying naturally the *optimal* concentration of fluoride (F) i.e., about 1.0 part per million, no treatment being required.
2. Those carrying an *excessive* concentration of fluoride requiring the removal of the excess in order to protect the population against endemic dental fluorosis (mottled enamel), or,
3. Those *deficient* in fluorine to which fluoride might be added to bring its concentration up to the optimal in order to lessen the amount of dental decay in the community.

In a short discussion of this nature it is not possible to touch upon other than a few high points of the problem. For those interested in detailed data on the epidemiological, bacteriological, physiological, biochemical, and animal experimentation phases of the problem attention might be called to the forthcoming monograph of the American Association for the Advancement of Science entitled: "Fluorine and Dental Caries."

Few observations in nature disclose the remarkable consistency of the fluorine-dental caries relationship. From an epidemiological viewpoint, it does not seem essential that the mode of action of the fluorine be completely known before setting up demonstration studies. The practical application of Jenner's observation of the protective influence of vaccinia virus in smallpox prevention rested on the purest of empirical grounds for a century. For generations scurvy and malaria were effectively controlled before either their etiology or the mode of action of the prophylactic agent was known. The history of preventive medicine is replete with instances where observed natural phenomenon provided the basis for far-reaching control measures.

President Barker:

I am sure all of us have enjoyed this interesting presentation, Dr. Dean, and we thank you.

I have one announcement to make. There will be a meeting of all veterans of the armed forces at 2:00 o'clock in the card room.

The Secretary has an announcement.

Secretary Sanders:

(Reads.) "Please remember your group forum discussions in this hall, beginning at 2:00 o'clock sharp. These discussions will extend over thirty-minute periods, and you will have an opportunity to attend all three of them if you so desire. Dr. Hyatt and Dr. Golton have kindly consented to appear at 2:30, before Group II, in the absence of Dr. Sapienza."

President Barker:

If there is nothing further, the meeting is adjourned.

(The morning session adjourned at 12:45 o'clock p. m.)

GROUP FORUM DISCUSSIONS

TUESDAY AFTERNOON, MAY 7, 1946

The North Carolina Dental Society convened in the ballroom of the Hotel Carolina, Pinehurst, for its Tuesday afternoon session and was called to order by the President, Dr. O. C. Barker, at 2:20 o'clock p. m.

President Barker:

The meeting will come to order for the group forum discussions. Group I will be in charge of Dr. Burke W. Fox of Charlotte.

Dr. Fox:

Since we have this small crowd, I take it that most of the men here are really interested in the problem of caries control, which is our subject. It is something in which we all ought to be interested, if we are not. A number of plans have been talked about all over the country more or less to do away with dentistry, as we know it now, and to turn over this part of dentistry and that part of dentistry to persons with one or two years of training; and unless we can find some method of controlling caries by which the existing dental personnel of the country can meet the public demands we may be faced in a few years with something like a production line—a chain-production system of dentistry. I do not pose as an expert on this, but we do have an expert here—Dr. Dean. You heard him this morning and probably have some questions you want to ask.

I should like to say in advance that Dr. Dean has said that, due to the limited time for discussion, he would like to limit questions to the effect of fluorine on dental decay and not go into too many outside things, because if we did that we might be here all afternoon. So we will go right into that subject.

You heard Dr. Dean this morning. If you have any questions ask them, and let me recognize you and pass the question to Dr. Dean, who will answer it.

Has anyone a question?

Dr. H. Royster Chamblee, Raleigh:

Do they find, in experimenting with fluoride, that the adding of fluorine to the water artificially works as well as when it is found naturally?

Chairman Fox:

Dr. Dean?

Dr. H. Trendley Dean:

That is the purpose of the demonstrations now going on, to see whether we can transfer natural phenomena into a control method of widespread use. There are five places that I know of that are testing out that hypothesis. Certainly in Grand Rapids, Newburgh, and Cranford, with which I am familiar, it has been put on a very acceptable scientific basis; and that will continue during the period of administration, which may be ten or twelve years. The tests may show that fluorine is incorporated into the enamel at the time of calcification. Of course, if that is the case we have to wait several years for the teeth to erupt and then run the danger of the occurrence of caries. A study is also being made to see whether the addition of small amounts of fluorine to the water has a good effect upon teeth already calcified. All of those points are being studied.

Dr. Chamberlain:

I should like to ask if the intake of fluorine affects the *Acidophilus* count in the mouth.

Chairman Fox:

The question is whether the intake of fluorine affects the *Acidophilus* count in the saliva.

Dr. Dean:

I have to answer that merely from what we have observed. In these areas of low caries prevalence, in contrast with high, the incidence of *Acidophilus* also varied. In other words, if you go to a place like Galesburg you have a high percentage of negative counts and a low percentage of high counts. The reverse of that is true in Quincy. Whether it is going to affect the *Acidophilus* counts in the first year of fluorination I cannot say. It may be that the fluorine in the enamel resists these organisms. That is a point that has to be studied.

Dr. L. D. Arthur, Charlotte:

From your observations up to this point, would it be advisable, perhaps, for an expectant mother to be given fluorine in some manner or other?

Dr. Dean:

I have not any control data on that question, Doctor. That, of course, would apply to the deciduous teeth, because the calcification of the permanent teeth is all postnatal. From what I have seen in certain areas like Colorado Springs, where they have about 2.5 parts per 1,000,000, the deciduous teeth also show much lower prevalence of dental caries. You can draw your own conclusions.

Dr. Hunt:

I think it is generally understood that fluorine does have a tendency to inhibit caries. Why does it do that?

Chairman Fox:

As I understand your question, it is, why does fluorine inhibit decay. Is that it?

Dr. Hunt:

Yes, sir.

Dr. Dean:

That is the \$64 question. I think it is going to take us maybe a decade or two to decide that. There are many factors you might consider. One is that fluorine is a very powerful chemical agent. However, one or two or three parts per 1,000,000, which is associated with very low dental caries, did

not inhibit the growth of *Acidophilus* in Detroit. It will inhibit the acid production. Again, you may be going over into another speculative field, so far as I am concerned; and that is the relationship to fat formation. You may be getting into that. There are any numbers of possible answers. I do not think research has progressed to the point where I am justified in making even tentative statements at this time.

Dr. Hunter:

I should like to know if the Public Health Service has done any work to supplement the work of such researchers as Dr. Bivoy (?).

Dr. Dean:

Another section of the Public Health Service has made some rather extensive studies in it. They have made studies now running over two years, on rather large groups. By topical application they have reduced the incidence of new caries approximately 40 per cent. This has carried over for a two-year period of observation now. In the original study there were about seven to fifteen applications made of a rather high solution, 5.0 parts per 1,000,000; and they got very good results. Dr. Bivoy has done about the same thing with about three or four applications. Dr. Arnold and myself made a test a couple of years ago on cadets, making one application of about five parts per 1,000,000, in which we noticed no results within a year. I think it is well to remember, however, that the work of Bivoy and Armstrong was with young children, whereas ours was with youths of about nineteen. There may be some difference in young enamel with regard to absorptive qualities, with which we are not familiar now. Further, our experiment was as to practical application—would one application be of value in persons of military age, whereas the other was done as demonstration work. To how many applications can you get down, and what is the ideal solution? You see, there are a number of particular fields of work in there. All in all, the value of the topical application has been demonstrated in the younger-age groups. We know very little about it in adults.

Dr. W. M. Matheson, Boone:

I wonder if it is justified to use fluorine empirically in public drinking water when we do not know its mechanical action?

Dr. Dean:

Let me go back to the analogy in preventing smallpox. We used cowpox virus in protecting the population against smallpox a hundred years before we knew the action. There is some justification when we know it is harmless.

Dr. Thomas Hunter:

Is the Public Health Service advising the use of fluorine in public water supplies? What is your opinion as to that?

Dr. Dean:

We can generally take the attitude that it is not ready for a recommendation for general application. Let's adopt a conservative attitude and let's see the result of these experiments—what is the cost, and so forth—before we go all out for the fluorination of water.

Chairman Fox:

Dr. Dean, in the past week some of the men in this state have received commercial literature on some sort of fluoride tablets to be taken by patients, which are supposed to build up an immunity to decay. Are you familiar with those products, and do you know the value?

Dr. H. O. Lineberger, Raleigh:

Do you mean the bone meal? I got a bone meal circular, and I am wondering.

Dr. Dean:

I will go back to the same answer I made a few minutes ago. I do not know a control experiment which demonstrates the acceptableness of this measure.

Dr. Tuttle:

Does calcium phosphate, either with or without codliver oil, have any effect on decay in adults?

Dr. Dean:

I do not know whether it does or does not. I do not see where it has been pointed out or demonstrated scientifically.

Dr. C. W. Sanders, Benson:

Did I understand this morning, Dr. Dean, that you recommended that the calcium be supplemented in order to activate

or make more effective the fluorine in the treatment of decay or the retarding of decay?

Dr. Dean:

No, I did not, exactly; I did not bring out that point, I see now, clearly enough; and I am glad that you brought it up this afternoon, because I will try to clarify it.

For many years there have been various reports in the literature that hard waters are associated with a lower rate of decay, in comparison with soft waters, the assumption being purely on a prior reasoning without any basis in experiment—that because the teeth contain calcium and magnesium and hard water contains calcium and magnesium, Q.E.D., there must be a relationship. That point could be raised in our Galesburg-Quincy study, and that is why we undertook our study in the twenty-one cities, going out and deliberately looking for very hard water and for very soft water; and we found that the magnesium and calcium content in the water bore no relation to dental decay. When we analyze the thing further we see there is probably a very good reason for it. Take the twenty-one cities, say, and divide them on the basis of hard water and soft water and find the caries rate for each. In all probability you will find a lower caries rate in cities with hard water than in those with soft water. But ordinarily you find small amounts of fluorine in deep wells of ground water and very seldom find any in a running stream or lake. If you test all the hard waters fluorine-free and test all the soft waters you find that fluorine is the important factor and not the calcium-magnesium content.

Dr. Hunter:

Is it possible that fluorine would act as a catalytic agent for the metabolism of calcium?

Dr. Dean:

It is possible, but what relationship does calcium metabolism bear to dental-caries attack?

Dr. Tuttle:

If I understand you aright, a supply of water from a private well is more desirable or better than that from a city source. Is that right?

Dr. Dean:

No. If you have a private well it could be fluorine-free, and the city supply might have just the optimum amount. What happens is that where you have large centers of population you have to go to one certain source and get your supply, whereas in many of the smaller cities there are wells.

Dr. Tuttle:

You remarked there about hard water and soft water. As a rule the direct supply is hard water from deep wells.

Dr. Dean:

Yes. If you took a number of deep wells and compared with the average surface supply, probably the content would be higher in the deep wells.

Dr. Tuttle:

I have one, and that is why I asked.

Dr. Dean:

On the coastal plain the water has a high sodium content, which is a very soft water.

Dr. Lineberger:

You said you had made a survey in our state some years ago. Will you tell us something about the water supply in North Carolina?

Dr. Dean:

In the eastern part of the United States, from a little west of Norfolk on down through North Carolina and South Carolina, in the Atlantic coastal plain, there are fluoride waters of varying concentration. It is a very peculiar type of water in that it is extremely soft—the sodium-bicarbonate type of water; and I have found some in which the fluoride content is higher than the sodium content of the water. I do not think there is any great number of the population using it, but it furnishes a focus for anyone studying in this area who is interested in it.

Chairman Fox:

We have just two or three more minutes. Is there any other question anyone wants to ask?

A Member:

As to studies of drugs, do you recommend publishing those in the magazines before there is really any definite knowledge? The public is usually grasping at something which is just ahead of it.

Chairman Fox:

The question is, is it proper to have general magazines, such as *The Reader's Digest*, *Your Health*, and so forth, publish all these discoveries before they are tested scientifically?

Dr. Dean:

I am, naturally, very conservative on anything like that; and I think any hypothesis should be checked and rechecked from every angle possible before it is released, so as not to arouse any false hopes.

Dr. Chamberlain:

I should like to ask whether the topical application of fluorine to decayed deciduous teeth has any apparent effect in slowing down decay.

Dr. Dean:

I do not know whether I can answer that question very specifically for you; but there are two publications by Dr. Canutzer, of the Public Health Service, dealing with those Minnesota studies over a couple of years; and I know if you will drop him a note he will be glad to send you a copy. I know there was a reduction in the caries in the permanent teeth, but whether or not in the deciduous teeth I do not know.

Chairman Fox:

I want to thank you fellows for the interest you have shown in asking these questions and hope you have gotten some benefit from the discussion. I just wish you had had the opportunity I have had, of talking with Dr. Dean for several hours and asking him many questions.

I turn the group over now to Dr. Barker.

President Barker:

As you know, there has been a change in the program, owing to the absence of one of our clinicians.

I turn the Group II discussion over now to Dr. Darden J. Eure of Morehead City, Chairman.

Chairman Eure:

Gentlemen: You all know that the man who was to appear on our program on "Fixed Bridge Work" is not with us. Yesterday we were all very pleased with the presentations given by Dr. Hyatt and Dr. Golton and we have asked them to come and appear before you today, since there were so many questions yesterday which different ones would have liked to ask had there been time.

We have approximately twenty minutes, and during that time I will entertain any questions that you would like to ask either one of these gentlemen—of Dr. Golton, as to diagnosis of lesions of the soft tissues, or of Dr. Hyatt, relating to oral surgery and perhaps the general practitioner. Are there any questions at this particular time?

Dr. W. M. Matheson, Boone:

I should like to ask the best authority about cancerous conditions. What is the best procedure for a practitioner out in a small town, where we do not have access to laboratories, when he runs across a lesion he is not certain about? What is the most sensible way to treat that patient? That is, should we get a specimen of the lesion and send it away for examination, or should we observe the lesion for a while, or should we try to get that patient into the hands of a specialist? The last is not always practicable, you see, unless it is necessary.

Chairman Eure:

The question is what procedure the general practitioner should follow when seeing a lesion of which he is suspicious, Dr. Golton.

Dr. Harold Golton:

I think that the average procedure would be, if one is in a town where someone is available who does a great deal of that work, to refer that kind of case to that kind of person, say to a surgeon who uses radium a good deal and has had some experience with it and knows how to use it and when to use it and how much and, especially, when not to use it. I hardly know what to say when a lesion which is doubtful to you is presented in the country. I suppose if you seriously felt that it is sarcoma

or carcinoma or something of that kind, which is so serious, you would doubtless send it to some town where there is a person doing that kind of work. I am sure that your exodontist would do the same thing. If you have not an exodontist perhaps you may remove the lesion yourself, if you think it is benign; but I think you ought to send the specimen off for examination. If you get back a report that it is benign, all right; but if there is a beginning malignancy then certainly that patient needs to be sent off to get X-ray or radium treatment. Where you think it is benign and take it off yourself, then the biopsy report from the laboratory will be the whole story.

Dr. Sandy C. Marks, Wilmington:

I noticed yesterday that Dr. Hyatt used a procedure which is new, at least to me; and that is filling up the cavity of a cyst after operation. I should like to have him tell us something about this bone dust and its advantages and disadvantages.

Chairman Eure:

The question is relative to the bone dust which is used in filling up the cavities, what are the indications for it and what it is made of. Dr. Hyatt.

Dr. Irwin T. Hyatt:

First let me say that this bone dust which we use in this cyst cavity has not been published by its originators, so far as I know. It was brought out by Dr. Fosdick and an associate in their experiments at Northwestern University. After various experiments they concluded that this bone dust, so-called, is useful in rapid bone regeneration. Then Dr. Schramm used it after the removal of a cyst, as I showed you yesterday. I got the idea from him. You can also use it in young children, where you have a root-canal filling. It is very difficult to close that space. You can force this through into the space where the apex of the root would naturally form.

That is still being studied. It seemed to help the bone growth, so we have been using it in these smaller type cysts. Dr. Schramm says he has used it in cysts up to 3 c.m. in diameter. The bone dust is made up of just the same chemical salts that you find in human bone. It is calcium phosphate, 95 per cent; calcium carbonate, 3 per cent; magnesium carbonate, 1 per cent; sodium carbonate, 0.5 per cent; sodium fluoride, 0.2 per

cent; calcium fluoride, 0.1 per cent; and other sodium salts, 0.1 per cent. That gives you a powder that is very light. You have to use some vehicle to make a paste out of it, and they use from 5 to 10 per cent of U.S.P. gelatin, in water, and mix it to the consistency of paste. Of course, it is autoclaved for sterility. If you have it in a jar you can reautoclave it if you have used some out of the jar, for instance. One disadvantage is that the water dries up, but you can add more from time to time and reautoclave it.

Chairman Eure:

Any other questions?

Dr. A. B. Bonner, Hertford:

Could an ordinary spray gun be used in applying sulfanilamide powder on wounds?

Dr. Hyatt:

The ordinary spray bottle does not work—DeVilbiss No. 35 bottle. In your powder blower the air goes down the glass tube and blows out the powder. That can be sprayed on with a hand tube, which comes with the bottle, or you can attach it to your

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I may add that you have to be careful in selecting sulfanilamide or sulfathiazole powder. It comes in different grades. You have to have a very fluffy powder, or it stops up on you.

A Member:

I should like to ask Dr. Hyatt if he ever employs it in socket cavities.

Dr. Hyatt:

The difference we have found is that it is highly soluble in water and seems to dissolve out pretty rapidly unless it is protected by tissues. If we could put it in a socket and then seal the surface in some way I think it would work very nicely. So far we have not found a way to seal the socket and keep the saliva out of there. In a cyst cavity, as I say, we can use it very nicely.

Chairman Eure:

Are there any other questions relative to lesions or to surgery?

Dr. Thomas M. Hunter, Henderson:

I should like to ask Dr. Golton about something. I have recently had a case which does not have the typical appearance of a leukoplakia lesion. Parts of the mouth and the cheek have areas of cornification, in which there is a white appearance; and others have the appearance of a red ulcer. I personally felt it was more of a vitamin deficiency. However, this patient has been in a hospital on two other occasions for a study of this lesion, and it seems no one has ever found a definite cause. My own personal treatment has been to eliminate all possible irritants and not to supplement that treatment as yet.

Dr. Golton:

Of course, there are many variabilities and many variations, and we do not know how long the situation has existed. A month or two?

Dr. Hunter:

The first time I saw her was the first time I saw it. She has had it over about ten years.

Dr. Golton:

Leukoplakia you usually do not see in such a discrete distribution. Usually it does not affect the entire mouth. If you see it on the cheek it will be on the left cheek and the right cheek, perhaps, but not on the tongue and the labial fold. It does not spread over the entire mouth; usually it does not spread all over the mucous membrane. You have to consider thrush, but thrush usually appears in a debilitated individual, usually young. But thrush does not have that roughness to the finger. You definitely feel leukoplakia; you can put your fingers on it and feel a rough, raised area. In thrush you would not feel that. It could possibly be an old, chronic pemphigus. You have to consider that. Once in a while we find that chronic pemphigus, but it is very rare. The duration is usually not over a year or two; as I said yesterday, the patient usually does not last much longer than that. They would be lesions of a moist nature, or a fluid nature; there would be vesicles. So we eliminate thrush, which comes to sick people and usually to rather debilitated persons. It does not last over a period of ten years, coming and going like this. This patient may have some unusual dermatologic condition, which should be investigated by a dermatologist.

Vitamin B is usually a very good thing to give to persons with lesions in the mouth. You are usually safe in giving fairly large doses, and it seems to help them a great deal.

I hardly know what else this might be. Erythema multiforme would hardly last over a period of ten years. If it is not leukoplakia you must consider these other things and rule them out in differential diagnosis. I would call in a dermatologist and be sure it is not a mucous-membrane manifestation of some dermatological condition.

Dr. Hunter:

I wondered if it might be some Vitamin A deficiency. This happened to be in a nurse who was on night duty.

Dr. Golton:

Of course, that might be considered. We have not been able to tie up Vitamin A deficiency with any mouth lesions so far, but it is possible she might have some Vitamin A deficiency along with Vitamin B deficiency.

Dr. Hunter:

This patient does have practically continuous intake of Vitamin C in fresh orange juice. The areas affected appear white and are somewhat hornified. She is not edentulous. She has considerable infection.

Dr. Golton:

She has no skin lesions whatever?

Dr. Hunter:

Not that I know of.

Dr. Golton:

I think she should be studied by a dermatologist. There might be some tiny lesion on the skin somewhere. Since the patient is a female I have a feeling it is not a definite leukoplakia, which appears very rarely in women. I think she should be given very thorough dermatological study and other studies.

A Member:

What percentage of leukoplakias do not go into malignancies? Isn't it very small?

Dr. Golton:

Yes, it is, but I do not think we should take a chance. If we have a patient who has leukoplakia and we think smoking might cause malignancy to develop, I think we should tell him. If he is a sixty-year-old man and wants to continue his smoking, of course that is up to him.

Dr. Hunt:

I had a patient present himself with a case of apparent cellulitis. He had angioneurotic edema.

Dr. Golton:

I had a slide on that but did not show it yesterday. You will see patients who come in and say that when they awakened they had a swollen lip and that the swelling stayed an hour or two and then disappeared. They ask what is wrong. They say the face swells and then goes down. You find no sinus condition, no trouble anywhere that might cause this swelling, except angioneurotic edema. Some people have a tendency to this condition, which is a blood vessel condition. For some reason the brain is unable to retain control. "Angio" is for blood vessel, and "neurotic" of course relates to the nerves. We cannot call these people nervous; but, curiously enough, all of the cases I have had have been in school teachers. It is purely an angioneurotic thing; it may be due to some nerve situation in that way. These people come back every once in a while with the same thing. They have to be given more relaxing work, but there is nothing else you can do for it.

Question:

Is there any pain associated with it?

Dr. Golton:

No pain.

Chairman Eure:

Thank you very much for your questions, gentlemen. The discussion has been very interesting. Probably you have more questions, but our time is up.

We thank you, Dr. Hyatt and Dr. Golton.

President Barker:

The third section will be conducted by Dr. Lineberger and Miss Gurevich.

Dr. H. O. Lineberger, Raleigh, Chairman:

I believe you all heard Miss Gurevich last evening, and several questions have been asked me. If you want to ask those questions again, or others, Miss Gurevich will answer them for you. Let's have a question now regarding the dental hygienist.

Dr. Johnson:

Where can we get one?

Chairman Lineberger:

The first question is, where can one get a dental hygienist?

Miss Sophie Gurevich, D.H.:

I have had the same problem since 1941, where can I get one. The only thing I can tell you is to do the same thing I have done. I have personally gone to schools of dental hygiene in February, thinking the students would graduate in June, and have told them about our program and how wonderful it is. I have arranged places for the girls to live and have put them to work. I have sent letters to the state societies and done everything else I could think of. Here you have a different proposition, because not many people know of the law in North Carolina. I would suggest that you talk to the high school girls who come to you as patients who you think might make good dental hygienists. I personally was interested in that way.

Then in all the high schools there must be vocational guidance counselors, or different people might be used here in North Carolina; and I think the Dental Society should form a sort of committee to go to those vocational guidance instructors or counselors and explain to them what a dental hygienist is, so that when the girls who are getting ready to graduate from high school go to the counselors for advice they will have the information and can tell the girls about a career as a dental hygienist and tell them where to go for training and so forth. I think those two courses would be your best bets.

Dr. Johnson:

What is the average salary of a hygienist throughout the United States, or what would one expect as compensation for her services in an average office?

Miss Gurevich:

Of course, I could give you an average figure for the United States, which would not be worth a continental. In Washington prices are completely out of control, and the dental hygienists make so much that I do not want to tell you, even, what they make. In other places they do not make so much. I think in a private office the best thing to do would be to take the standard of living in that particular community. After all, if you want good service in your office you have to pay the girl enough so that she will be able to live comfortably. Suppose we say that is \$20 a week. If she does prophylactics, say that she makes \$40 a week. She makes half of all above that. But I think that she ought not to have to wait until the bills are paid. Then she will be satisfied, because she is getting her base salary, and as she adds more to the income she makes more.

Chairman Lineberger:

Are there any more questions? We had one question as to the duties of the dental hygienist.

Miss Gurevich:

The duties of the dental hygienist are many and varied. You do not have to be scared of her just because she is a dental hygienist. She still has two hands and a head. Certainly she should take all the X-rays. Incidentally, she should get a percentage on the X-rays if she does them. If you do not have enough practice to keep her busy at a chair all day you can use her in the laboratory and in other ways. Of course, she gets only a smattering of laboratory technique in her training; but, after all, you train a high school girl to do your laboratory work, so why not train the dental hygienist? In communities where only one dentist has a dental hygienist, other dentists can refer patients to her for prophylaxis; and you need not fear that that dentist in whose office she is will try to take that patient away, because if a patient likes a dentist no other dentist can take the patient from him.

Dr. Ralph F. Jarrett, Charlotte:

Where is the best school for dental hygienists?

Miss Gurevich:

That puts me on the spot. After all, I represent organized dental hygiene and I cannot tell you very well what I consider

the best school. The Association advocates a two-year school. There are not many here in the East. There is one in West Virginia, which is not connected with a college. It turns out very fine graduates. There is also a very good one at Northwestern. Some of the men in Florida told me those graduates, they think, are the best they have ever seen. Michigan also has a good school—a two-year school.

Dr. Jones:

They are requiring now one year. You have a clause adopted in your law by which that would be left up to the Board of Examiners, as to whether to require one year or two years. There is a tendency on the part of the Board now to feel that these one-year graduates are not sufficiently prepared to enter a profession.

Chairman Lineberger:

We have with us this afternoon the President of the Dental Hygienists Association of the District of Columbia. She is the daughter of a very good friend of mine, whom most of you perhaps know—Henry Swanson. I should like Miss Swanson to stand up. She is the traveling partner of Miss Gurevich.

Dr. C. W. Sanders, Benson:

I should like to know the scholastic credits necessary for a young lady to enter one of these schools and also the approximate cost for a two-year course.

Miss Gurevich:

I knew someone would ask that. We made a survey of the schools, beginning in 1945, which was published in April, 1945. Of course, the tuition in the schools varied, but it says here it ran from \$220 in a Land Grant college to \$600 in state-controlled universities. The only way is to get a catalogue. From personal experience I would say that certainly it is not going to cost less than \$1,000 a year, wherever you go.

A Member:

Do you have this information with you about the schools?

Miss Gurevich:

I think it is in this pamphlet. "The Outlook for Women in Occupations in the Medical and Other Health Services—Dental

Hygienists," Bulletin 203, Number 10, United States Department of Labor, Women's Bureau. That is why I brought this with me. Anyone who does not have a copy can get one by sending ten cents for it to the Department of Labor, Washington, D. C.

Chairman Lineberger:

Thank you, Miss Gurevich, for answering these questions.

At this time I will turn the meeting back to the President.

President Barker:

The Chair will recognize Dr. Ralph F. Jarrett to present the next speaker.

Dr. Ralph F. Jarrett, Charlotte:

Mr. President, Ladies, and Gentlemen: Sometimes a profession honors a man, and then again sometimes a man honors a profession. Today we have with us a man of history, a man that stands for everything progressive in dental life. He is a graduate of the Baltimore College of Dental Surgery and entered the United States Navy in 1915, serving with the Fifth Regiment of Marines in World War I. Some of you may not know what that was. It was the fightingest bunch of men the world has ever seen. For this service he was awarded the Congressional Medal of Honor, the highest award given to any man in the armed services. He is the only living dentist who has been awarded one of these medals. He comes to us today representing not only the Navy but representing dentistry. He has fought for equal service compensation among dentists and physicians. He is so well known and so deserving that his university, the University of Maryland, awarded to him in 1946 an honorary doctor's degree, Doctor of Science. He has been and is the head of the dental service of the United States Navy, the best serviced group of sailors or soldiers anywhere in the world.

It gives me great pleasure to present to you our distinguished guest, Rear Admiral A. G. Lyle.

Rear Admiral A. G. Lyle, U.S.N., Washington, D. C.:

Before I read this paper that I have, which is descriptive of the Naval Dental Corps in this war, I thought I should like to talk to you a few minutes—to some of you fathers and some

of you mothers. Of course, we know this so-called war that we just went through is finished. It is not finished until the President declares it to be finished, but we are demobilizing. That is what is done on paper, but to my mind it is a disintegration. It is a disintegration, why? For the simple reason that I have seen and had under my control 7,000 of the finest men God ever made, practicing dentistry in the United States Navy. Those boys (I will give you what they have done) are responsible for what, in the main, this Dental Corps has achieved during the war. One cannot express and one will not attempt to express—I cannot do it and I know no one who can—express the Navy's appreciation for what those individuals have done. Looking over this group in front of me, in one row I can spot certain boys who are now practicing in your State of North Carolina that I would almost give my right arm to have back in the fold of the Dental Corps of the Navy. The fact is that I have tried to entice them away from you since I have been down here. I mean that. I know those boys.

Take your state as a whole. I come here as a stranger, and I learn these facts. I learn that practically 100 per cent of the dentists are members of your organized society. I learn that as a fact. Then I look over a cross section of the men we have in the Navy. The Navy, you may have heard, stands for one thing. We have fought for and we have striven for quality rather than quantity. Of course, sometimes we might get a man in temporary charge of a station who demands that a naval officer stand up there and put in forty or fifty fillings a day. I will not stand for that. I had rather see five or ten fillings put in in a day and those boys not have to come back and have those fillings replaced. In other words, we in the Navy have stood, as you in North Carolina have stood, for good, ethical dentistry, for quality and not for quantity, with no advertising, no chicanery, so that we shall have a profession that will stand at the top. Dr. Hillenbrand told you that we have reached a period, reached a crossroad, where we might in the future become a decadent profession. That statement hurts. That same statement applies to the Dental Corps to which I am attached. The history of that Dental Corps and what it has done I am going to give you.

(Rear Admiral Lyle read his prepared paper.)

THE NAVY DENTAL CORPS IN WORLD WAR II

The role of the Navy Dental Corps in World War II may be conveniently divided into four chapters: namely, Administrative, Educational, Combat and Research. As each of these will be described in turn, their interrelation will become evident.

When World War II began in December, 1941, the strength of the corps was approximately 3,000. At the end of the war, the number of naval dental officers on active duty was more than 7,000. With such a tremendous increase, it is easy to understand that difficulties of an administrative nature confronted the corps. The size of the Navy had increased to over three million. As many dental officers were on duty at some stations as there were in the entire corps prior to the war. Stations literally sprang up overnight. Dental equipment could not be produced by manufacturers as quickly as it was needed. Consequently, emergency measures had to be devised in order to do the best with the equipment at hand. The "Shift System" came into being and, by its use, available equipment was used continuously from 16 to 18 hours a day. Reserve Dental Officers, who comprised by far the greater part of the corps (91 per cent at the end of 1944), coöperated admirably in meeting this unusual situation.

The Reserve Dental Officer had a difficult road to travel. From a lucrative practice in which he was self employed and from his home where he was surrounded by family and old friends, he suddenly found himself transferred to a situation where he was a cog in a big machine. Oftentimes he was separated from his loved ones and friends. In some instances, he never returned to them. His had to be a rapid adjustment to military discipline and tradition. He found that there were many responsibilities which he did not have in civilian life. Confronted with all of these changes, particularly the rapid conditioning which war forces upon a nation, it is amazing that he did as well as he has done. Without his tireless help, and sincere effort to "understand things," the problems confronting the Navy Dental Corps could not have been solved.

Dental standards had to be changed again and again. In 1941, of some 340,000 applicants for enlistment in the Navy, 7.8 per cent were rejected for dental defects. Submarine and aviation dental standards were very high for reasons necessitated by the nature of this duty. But even these had to be lowered and adjustments were made in order to make "old hands" available for active duty. As you know, a last effort had been made to maintain peacetime dental standards for enlistment, by encouraging the aid of private practitioners to place these applicants in a dentally fit condition before they entered the service. As the war continued, the induction system and the problems which arose as a result of dentists leaving private practice and entering the service, forced this last effort out of existence. Standards gradually fell lower and lower until the Dental Corps of the Navy was called upon to render dental treatment out of all proportion to that which could be furnished with personnel available.

It is interesting to note the conclusions drawn from an analysis of the dental needs of 71,015 naval personnel examined in 1942. This analysis,

conducted by Naval Dental Research at the Naval Medical Research Institute, revealed that the services of 12,174 dental officers working a year would be required to treat the simple and compound cavities found in the mouths of a 3,000,000-man Navy. This does not include any other treatment required nor the cavities which would occur during the year.

Up to and including August, 1945, the total number of restorations produced including amalgam, silicate, gold, porcelain and acrylic inlays during the war was 23,515,530. The total number of bridges placed was 24,563. During this war, 480,070 dentures were constructed, not including repairs and reconstructions. The total number of extractions completed, including impactions and other varieties, was 3,561,899. These figures which are quoted do not include prophylaxis cases, gingivitis treatments and miscellaneous treatments of all kinds.

The initiative shown by so many reserve dental officers in meeting the problems confronting them, not only in the daily practice of dentistry, but also those problems of organization, clinic construction and administration, was an outstanding contribution to the service rendered by our corps during this war.

An entirely new portable dental operating outfit was devised by the planning section to more adequately meet a need peculiar to naval dentistry. Since amphibious operations were frequent, the dental officer had to equip himself accordingly. Consequently, redesign of the existing portable apparatus was essential. Mobile, self-sufficient operative and prosthetic dental units were designed and built so that they could be moved about from place to place without impairing their function. The number of dental officers aboard ship was increased to meet wartime needs. The planning section did much to standardize dental clinics aboard ship. The big battleships of the Iowa class carried, at first, five medical officers and three dental officers. Due to the shortage of medical officers, that number was reduced to four, but our corps, fortunately, was able to maintain three dental officers and three operating outfits aboard. The cruisers carried one dental officer—or two—using a shift system. Maintenance of a ratio of one and one-half dental technicians to each dental officer was attempted, but could not always be maintained as the needs of different theatres of operation became more acute, depending upon battle activities within such areas.

In the commissioning and fitting out of new ships, dental officers did a particularly fine job. Much credit must necessarily go to those officers who handled dental supplies. Coördination of effort in the construction of dental clinics ashore and afloat was a particularly difficult task, considering all factors. However, with the development of specialists in the construction and functional organization of dental clinics, these clinics reached a degree of efficiency which amply repaid the efforts of those pioneers who worked so tirelessly.

With the initiation of control of strategic materials, great effort had to be expended to conserve equipment and supplies. A method for determining the usage rate of various items was devised and resulted in much information being brought to light. In this connection, it may be

interesting to note that the application of an oil method of sterilization did much to increase the life of handpieces and other instruments which rapidly deteriorated when boiling water was used for sterilization. The method employed will soon be published.

In the educational field, expansion of facilities had been underway for some time. The Naval Dental School at the National Naval Medical Center has undergone a tremendous advance since it was authorized as a separate command. With the generous support of the Surgeon General, Ross T. McIntire, and suggestions from civilian schools and organizations, it has "come into its own," so to speak. The subject of Naval dentistry with all of its implications and specialized study, is taught here in the courses of indoctrination and postgraduate instruction, given to newly appointed dental officers. Experimentation and development in the field of eye and hand prosthesis has been, and is, an important adjunct to the educational activities of the school. With the establishment of a package library and cross indexing of a large file of abstracts of current dental articles, it has become a source of quick professional information to those in the field who find themselves without such facilities.

A closer association with civilian schools and hospitals has been mutually beneficial, especially in the field of clinical observation and treatment procedure. The exhibits and meetings sponsored by the dental societies, have been particularly helpful to the Navy Dental Corps during the war. The corps' clinical presentations and exhibits have been most vigorous. For the invitations to participate in such meetings, the Navy Dental Corps is particularly appreciative, since it presented an opportunity to show what was being contributed to dentistry, generally and specifically. It also gave us the opportunity to present our problems. Such presentation and resultant discussion did much to solve many of them.

With the approval of the Chief of the Bureau of Medicine and Surgery, the Naval Dental School embarked on an extensive visual educational program some time before World War II began. With such support we soon found ourselves pioneering in this field. From a very modest beginning this program soon developed into a department which contributed much to the rapid development of standardized treatment procedures. During a war such procedure must be the rule as time and effort must be conserved if large numbers of persons are to receive treatment. Among the films produced we had the honor of presenting the first sound color film on dental prosthesis, and being associated with the production of the first animated film on the gross histologic aspects of human tooth development. Since dental technicians had to be trained in a much shorter period of time, such visual aids were found very helpful not only to us, but to those in other fields and departments.

The Library of the Naval Dental School has been greatly enlarged. Many volumes have been contributed to it by the Dental Schools of the Universities of Maryland, Pennsylvania, and Georgetown. This has given us a valuable reference library. In this connection, the contributions of reserve and regular dental officers, not only as far as certain volumes are concerned, but also in the actual binding of volumes, were of aid in tiding us over the period when Federal funds were not available for this purpose.

The first Handbooks for Dental Technicians general (2nd edition now issued), and that for Dental Technicians prosthetic, were published during this war. They helped to standardize educational procedures at the various large naval dental clinics, where, necessarily, instruction of enlisted personnel had to be undertaken. It was during this war that a special enlisted prosthetic branch of dental technicians was established. These technicians were mainly dental laboratory technicians who came into the service from civilian life.

During the war first aid instruction was intensified. This program was strongly supported by the Medical Corps. The value of the Dental Corps' contribution to the Medical Department at Pearl Harbor and elsewhere is amply illustrated in Form Letter 20, issued by the Surgeon General, on 1 January 1942:

"In view of the actualities in Pearl Harbor on December 7, 1941, the following information is forwarded for the guidance of all dental officers:

"(a) The function of the Dental Officer in actual combat is to assist the Medical Officer.

"(b) Casualties may include Medical Officers, leaving the Dental Officer with the responsibility for effecting the administration of the Medical Department during and immediately after an encounter with the enemy.

"(c) The attention of all Dental Officers on active duty is invited to the necessity of keeping informed of the latest developments in first aid, particularly in the treatment of burns, shock and hemorrhage, identification and disposal of the dead. Measures to accomplish the program shall be instituted in collaboration with the Senior Medical Officer.

"Ross T. McIntire."

Medical Officers attached to hospitals and schools were particularly helpful in training of Naval Dental Officers in administration of plasma and intravenous anesthesia, treatment of burns, shock and hemorrhage and the advanced principles of first aid. In the field and on the sea in actual combat such knowledge was particularly helpful in the treatment of wounded men.

The activities of Dental Officers in the Navy have usually been routine professional procedure, unless actual enemy engagement occurred. However, at this time, he assisted the Medical Officer in the treatment of wounded personnel. From Pearl Harbor through all the many naval operations, the Naval Dental Officer, be he regular or reserve, conducted himself in keeping with the highest ideals of Americanism and as a practitioner of the healing arts. Being in charge of a dressing station and treating the wounded has been advantageous to the Dental Corps and to the dental profession in general. Much knowledge was gained in the treatment of all forms of wounds, thereby making the Dental Officer better fitted to render, intelligently, aid whenever it was necessary. Dental Officers learned how to take care of large numbers of casualties quickly, how to divide the seriously wounded from those less seriously wounded and to act accordingly. At first glance the influx of large numbers of wounded when actual hits occurred seemed a difficult problem. However,

the combined efforts of all persons in the Medical Department resulted in efficient and rapid treatment.

In the fleet, during rest periods after specific operations, particularly on atolls in the Pacific, Medical and Dental Officers met and discussed their experiences and how problems were met. In this way, as the fleet unit steamed forth into another operation, the most up-to-the-minute methods were known to almost all.

As a result of their experiences, many Dental Officers have come back a bit older and somewhat tired. There are many interesting episodes which will be revealed as the experiences of these officers become known. However, this will have to be the subject for another paper. As far as information is available, 15 Navy Dental Officers met death or are missing, eight died on active duty, 18 were wounded, and 14 were prisoners of war. There have been many Dental Officers who have received medals and commendations for their work, both in action and in the pursuit of their regular duties. I regret to say, however, that some of these were given posthumously.

In the field of dental research, the Navy Dental Corps has been particularly fortunate in its accomplishment and progress. In October, 1942, a facility for dental research was established in the Naval Medical Research Institute and a Dental Officer was assigned there in an additional duty status. On December 5, 1942, a Dental Officer was selected to act as liaison officer for the Dental Corps with the Research Division of the Bureau of Medicine and Surgery. In March, 1943, a Dental Officer was assigned to the Dental Facility at the Naval Medical Research Institute on a full time basis. Just recently, another Dental Officer was assigned to this facility. This was particularly helpful to the corps as animal experimentation and close association with scientists in all fields (physics, chemistry, aviation, and submarine medicine, etc.), was not only made possible but was welcomed. The progressive and foresighted character of our senior Dental Officers has been responsible for much of the advance in Naval Dental Research. From an "additional duty" status to that of a "full time" Dental Research Officer represented a transition made necessary by the rapid increase of research activities in the corps and by the fuller appreciation of the difficulties which research in any field presents to the investigator.

The corps is particularly indebted to the Surgeon General, Vice Admiral Ross T. McIntire, and to Rear Admiral Harold W. Smith, Chief of the Naval Medical Research Division, for having made available the apparatus and financial support required in fitting out the Dental Research Facility and in the pursuit of those authorized dental problems and investigations. The first dental research project was presented to the Medical Department on June 24, 1942, and was authorized very shortly thereafter. Since that time a number have been presented and authorized.

Not only has dental research been initiated and actively pursued at the institute and school, but Dental Officers in the field have initiated and developed original investigation on their own part. Such studies have led to the development of an oil sterilization method already mentioned. It

has now been in use for a sufficiently long period of time to prove its practical application. The first report on altitude effects on dentin development in rats has been the result of an authorized project in the Dental Corps of the Navy. Further studies in aviation dentistry are in progress not only at the Naval Medical Research Institute, but at various stations by Naval Dental Officers. The first authorized scientific study on the effect of intramuscular injection and topical application of penicillin on oral fusospirochetosis (100 cases) was made by a Reserve Dental Officer in March, 1944. The use of penicillin lozenges and topical application of this drug in gum tragacanth are further developments which have been undertaken by various Naval Dental Clinicians in the fight on oral fusospirochetosis. The work on acrylic eyes and hands is already known to you as a development in which the Navy Dental Corps is extremely active. So many have conducted investigations on their own initiative and time that when all results have been compiled, many valuable treatment aids as well as clinical diagnostic observations should become available.

Should an emergency ever again arise, no better coöperation could be asked by the corps than that which it has received from those who gave their efforts so unselfishly.

In closing, may say there are a few things in the world that are more important to a living organization than are its traditions. This is particularly true of the Navy. Much has been written of acts of heroism and bravery performed by officers and men of our service, acts which have caused their names to be recorded in the immortal pages of history. You all recall the story of James Lawrence who commanded the frigate *Chesapeake* and who, while lying mortally wounded on the deck of his ship cried out in agony "Don't give up the ship." Many of you know of our more recent hero, Gilmore, who, wounded and lying on the deck of his submarine, and seeing the Japanese would either sink or capture his ship if his men delayed in submerging, gave the famous order that cost him his life, "Take her down."

The unseen forces which impel men to perform acts of courage and gallantry are many. Foremost among them is tradition, for with tradition to uphold, men go forward to achieve unusual heights knowing that they must do so to live up to the standards set by those who have gone before them. This is tradition. Practically every citation bestowed by the Navy, awarding either a medal for gallantry in action, or a letter of commendation for duty performed in an outstanding manner, end with the words, "Your conduct is in accord with the highest traditions of the Naval service."

Our corps is only thirty-four years old, the youngest of several staff corps of the Navy, but in the brief period of time we have established a tradition that is enviable, a tradition that others will follow.

Lawrence and Gilmore were officers of the line. They commanded the ships that they so bravely defended but their gallantry was no greater than that of many officers of our own corps who have made the supreme sacrifice for God and country. I shall not mention names but I will tell

you that it was an officer of the Dental Corps who was the first Navy officer to lose his life in the land fighting overseas during World War I. Again on December 7, 1941, when the Japanese made their vicious and cowardly attack on Pearl Harbor, the names of officers of our corps were among those killed in action.

Before World War II we accepted for service only approximately 20 per cent of those candidates who applied for commission. At times this made it difficult for us to achieve the numerical strength allowed, but it insured us that those who were selected to serve the Navy would do so with pride in their position and with a firm and steadfast resolution to uphold the standards of their service. During the active phases of the war and since the termination of hostilities all who have entered our corps have been indoctrinated with the principle that each must do his best as an individual or the whole will suffer.

I have spoken briefly of the traditions of the Navy Dental Corps, but the traditions of dentistry are in no way limited to the naval service. You gentlemen are creating tradition, creating a compelling force that will move men to reach heights that would otherwise prove to be unobtainable.

Let us pause for a moment, turn back the pages of time and witness the action of that master craftsman, the stone cutter of the thirteenth century. He packs his tools and journeys many miles to assist in the creation of the great cathedrals of his time. Perhaps his job is to carve in stone the small ornament that will be placed so high in the vault of that cathedral that none will be able to see the details. Does this prompt this master craftsman to do an incomplete job? Not at all, for he is a master craftsman. The tradition of his craft requires that he achieve a masterpiece. He spends as much time and effort on his work as though he were creating an ornament to be placed on the door of that cathedral for all to see, for he is a master craftsman by training and tradition.

Dentistry as a profession is young; its history is brief; its traditions few, but let us take pride in the virility of our young profession; let us recall the splendid achievements of the past and press forward to a realization of even greater attainments in the future.

You all are privileged to be members of a great profession; you have earned this distinction by your individual efforts, but as you know, this distinction carries with it an obligation. That obligation is to achieve and to maintain the highest professional standards of dentistry. In doing this, we may well emulate the standard set us by the stone cutter of the middle ages who, guided by the tradition of his craft and despite the lack of public approbation, gave only of his best, for the greater glory of his calling.

President Barker:

Admiral Lyle, we appreciate your appearing before us to give us this message.

Gentlemen, the House of Delegates will convene in this room immediately.

This session now stands adjourned.

Thereupon, at 4:00 o'clock p. m., the general session adjourned.

HOUSE OF DELEGATES

TUESDAY AFTERNOON, MAY 7, 1946

The second session of the House of Delegates of the Ninetieth Anniversary Meeting of the North Carolina Dental Society convened in the ballroom of the Hotel Carolina, Pinehurst, at 4:05 p. m., Tuesday, May 7, 1946, with the President, Dr. O. C. Barker, presiding.

President Barker:

The House of Delegates will please be in order, and the Secretary will call the roll.

The following answered to the roll call:

OFFICERS OF THE SOCIETY

O. C. BARKER, *President*

K. L. JOHNSON, *Vice-President*

E. M. MEDLIN, *President-Elect*

C. W. SANDERS, *Secretary-Treasurer*

EXECUTIVE COMMITTEE

F. O. ALFORD

C. C. POINDEXTER

Z. L. EDWARDS

ETHICS COMMITTEE

OSCAR HOOKS

E. W. CONNELL

C. E. ABERNETHY

SANDY MARKS

R. E. SPOON

BOARD OF DENTAL EXAMINERS

JOHN R. PHARR

A. C. CURRENT

MEMBER STATE BOARD OF HEALTH

J. N. JOHNSON

FIRST DISTRICT

S. E. MOSER

W. R. AIKEN

I. R. SELF

SECOND DISTRICT

PHILIP MELVIN
R. R. HARRELL

J. D. KISER
W. B. SHERROD

F. W. KIRK

THIRD DISTRICT

W. R. HINTON
(DR. CARR)

R. A. WILKINS
(DR. MEDLIN)

FOURTH DISTRICT

W. L. McRAE

S. L. BOBBITT

FIFTH DISTRICT

FRED JUNT

PAUL JONES

PAUL FITZGERALD

Secretary Sanders:

Mr. President: You have a quorum.

President Barker:

Gentlemen, we have a quorum, and I declare the House of Delegates in session. We are ready for any reports or business.

Dr. A. C. Current:

I have the report of the Publicity Committee.

Report of Publicity Committee read.

REPORT OF PUBLICITY COMMITTEE

Your Publicity Committee, with the able assistance of your Editor-Publisher, Franklin Bumgardner, your Secretary, C. W. Sanders, Don Kiser of the Program Committee, Frank Alford, Chairman of your Executive Committee, and others, has been successful in securing and compiling, well in advance of this meeting, truthful information concerning the background and professional qualifications of our leading essayists and clinicians. This and other valuable information was placed at the disposal of Bob Madry, head of the News Bureau at Chapel Hill, who has, willingly and of his own consent, handled the advance publications for this meeting. The attendance here is ample evidence of the successful way in which this has been carried out. We suggest a rising vote of thanks to him as an expression of our appreciation of his able and unselfish service.

Due to Mr. Madry's unavoidable absence, Captain Sherwood of Pinehurst, was named to cover this meeting in the capacity of a news reporter. Captain Sherwood has accomplished the supposedly impossible, namely: the placing of the activities of the North Carolina Dental Society, in con-

vention assembled, upon the front pages of our leading newspapers, in headline form. This is where the news of our convention belongs, and we shall ever be grateful to Captain Sherwood.

Respectfully submitted,

BURKE FOX
G. FRED HALE
DARDEN J. EURE
W. R. MCKAUGHAN
WALTER T. MCFALL
A. C. CURRENT, *Chairman*

Dr. Current:

Before I sit down, Mr. President, I should like to have Captain Sherwood stand up, so you can all see him. (Applause.)

I move the adoption of this report.

President Barker:

All in favor of the motion say "Aye." All opposed, "No." The motion is carried.

Dr. Paul Fitzgerald:

Mr. President: May I ask that Dr. Carr and Dr. Medlin act as delegates from the Third District in the absence of the regular delegates?

President Barker:

Yes, sir.

Dr. Fitzgerald:

I have the report of the Postwar Planning Committee.

Report of Postwar Planning Committee read.

REPORT OF POSTWAR PLANNING COMMITTEE

This Committee has contacted a number of returned veterans. The duties have not been so arduous, owing to the widespread demand for dental service. Around eighty men have returned to the state, and approximately all of this number are located or have selected locations. There is only one man who has taken advantage of the G. I. Bill of Rights offering educational courses to returned veterans.

The government has listed and offered for sale certain surplus supplies catalogued in the *Surplus Reporter*. Copies may be obtained from the Regional Office of the War Assets Administration, Consumer Goods Division, 699 Ponce de Leon Avenue, N.E., Atlanta, Georgia. An office for this purpose, to serve North Carolina, is being staffed in Charlotte.

Under the circumstances, with men continuing to return from military service, it follows that desirable locations will be more scarce than heretofore; and it is hoped that members knowing of any will communicate with the Postwar Planning Committee.

Respectfully submitted,

E. A. BRANCH
D. B. MIZELL
PAUL E. JONES
O. L. PRESNELL
PAUL FITZGERALD, *Chairman*

Dr. Fitzgerald:

I move, Mr. President, that this report be adopted.

Motion seconded and carried.

Dr. Fitzgerald:

I also have the report of the A.D.A. Relief Fund Committee.

Collecting and accounting for the A.D.A. Relief Fund has some complications. This is due to the fact that some of the funds are collected at the district meetings and reported to me. Then other members send their contributions direct to Chicago. Therefore there may be some funds which have not been reported to me.

Report read.

REPORT OF A. D. A. RELIEF FUND COMMITTEE

This report is made by districts, as follows:

First District	\$ 157.50
Second District	201.00
Third District	141.00
Fourth District	79.00
Fifth District	106.00

Making a grand total of\$ 684.50

Respectfully submitted,

H. M. MAY
O. R. HODGIN
J. R. EDWARDS
T. J. ROSS
S. V. ALLEN
PAUL FITZGERALD, *Chairman*

Dr. Fitzgerald:

Mr. President: I move the adoption of this report.

Motion seconded and carried.

Dr. Paul E. Jones:

I should like to discuss that report just for a moment. The Chairman of this Committee said that he was giving us the best figures he could get out of Chicago. It seems to me that is a rather clumsy procedure. We ought to be able to get our information at home, especially when we are creating history ourselves, without having to go to Chicago to get what we have done here. So I would suggest that in the future all of us who are going to contribute to the Relief Fund do it through our State Society. That will look a lot better to me and I think to the folks up in the central office, also.

President Barker:

The point is well taken, I think, Dr. Jones.

Any further discussion?

Dr. Fitzgerald:

I did get a report from the Secretaries of all the Societies, and then I had a report from Chicago, also. There is a somewhat confusing situation because, you see, we collect at the District Societies in the fall and then the Chicago office sends out stamps at Christmas time, and so forth, and a good many members wait and send in their contribution then. I must say that I am one of those guilty, but I do want us all to do it through our State Society.

President Barker:

The report has been adopted. Is there another ready?

Dr. Walter E. Clark:

I have the report of the Clinic Board of Censors, Mr. President.
Report read.

REPORT OF THE CLINIC BOARD OF CENSORS

Your Committee, the Clinic Board of Censors, desires to make the following report:

There were fifteen clinics given. All clinics were excellent, without exception; but we are allowed to recommend only five. The clinics represent much expense, hard work, originality, and thought. The Committee heartily commends all clinicians for their fine service and their loyalty to the profession.

The following clinics are recommended to go to the American Dental Association, should the meeting be held:

- (a) "Immediate Dentures"—Lucian G. Coble, D.D.S., Greensboro, N. C.
- (b) "Plastics in Crown and Bridge Restorations"—A. C. Current, D.D.S., Gastonia.
- (c) "Oral Surgery"—K. L. Johnson, D.D.S., Raleigh.
- (d) "The Pinledge Attachment"—Lieutenant Commander George E. Madden, D.C., U. S. Navy, Camp LeJeune.
- (e) "Five Years' Experience with the Acrylic Inlay"—Cecil A. Pless, D.D.S., Asheville.

Respectfully submitted,

JOHN ASHBY
S. L. BOBBITT
H. R. CHAMBLEE
J. A. MARSHBURN
WALTER E. CLARK, *Chairman*

Chairman Clark:

Mr. President: I move the adoption of the report.

Motion seconded and carried.

President Barker:

Who has the next report?

Secretary Sanders:

Mr. President: I have the Exhibit Committee's report here.
Report of Exhibit Committee read.

REPORT OF THE EXHIBIT COMMITTEE OF THE NORTH CAROLINA DENTAL SOCIETY—1946-1947

The Exhibit Committee wishes to submit the following report:

Amount of Exhibit Space sold	\$1,395.00
Amount of Exhibit Space collected for	1,395.00

One Exhibit Space donated to the Dairy Council by the North Carolina Dental Society for educational exhibit.

C. W. SANDERS, *Chairman*

Secretary Sanders:

I move the adoption of the report, Mr. President.

Motion seconded and carried.

Dr. W. H. Breeland, Chairman:

Mr. President: I have the report of the Resolutions Committee.

President Barker:

Will you read it, please?

Report of Resolutions Committee read.

REPORT OF THE RESOLUTIONS COMMITTEE OF THE NORTH CAROLINA DENTAL SOCIETY

The Resolutions Committee wishes to submit the following resolutions:

Be it resolved that:

The North Carolina Dental Society look with favor upon a comprehensive health program for North Carolina. We do not feel that an adequate program can be attained without including the training of more dentists for North Carolina.

There is an appalling need of more dentists in this state. At present we have only about one for each 4,400 people; the national average is about one for each 1,700 people. We see no appreciable relief for North Carolina in the future unless dental education is incorporated in the proposed expansion of the Medical School at the University of North Carolina or some suitable remedial steps taken. Immediately preceding World War II dentists were dying and retiring through old age and disability at the rate of about 500 more each year than were being graduated from the dental schools in the United States, thus creating a more tragic loss each year.

If foci of infection are contributing causes to many systemic diseases, and this is recognized by diagnosticians, then the treatment of diseased mouths must be undertaken on a larger scale than is at present being done. This is not possible with the now available dental personnel in North Carolina, and it cannot be made possible under the present lack of dental education in North Carolina.

The health of the people of our state is a multiple responsibility, viz: The medical profession, the dental profession, the educators, the humanitarian agencies and the interested public, with all of whom a forward looking coöperation is needed.

A survey by the American Dental Association reveals an astounding need of dental service in the United States. In children under eighteen there is something like an accumulated 240,000,000 restorations now needed and then annually about 33,000,000 for the same age group as maintenance. In adults something like 285,000,000 accumulated restorations now needed and then annually something like 79,000,000 for maintenance. For extensive restorations there is now needed something like 25,000,000 and then about 7,000,000 annually for maintenance.

All of the above are potential foci of infection with an ultimate possibility of systemic infection and their devastating sequelae. In addition to these enormous figures are millions with mouth infections, in varying degrees of severity, who are not and cannot get adequate service with the present dental personnel. We must remember, that with rare exceptions, dental diseases are not self curing, but to the contrary grow worse and more damaging to the entire organism.

We respectfully petition the North Carolina Medical Care Commission to undertake a study of the needs of dental service in North Carolina and incorporate the findings in their report to the General Assembly.

Respectfully submitted,

W. CLYDE CURRENT

J. W. BRANHAM

C. B. YOUNT

R. T. GARRETT

J. G. POOLE

W. H. BREELAND, *Chairman*

Dr. Paul E. Jones:

I move to adopt the report.

Motion seconded and carried.

President Barker:

Are there any further reports?

Is there any further business to come before this session?

Secretary Sanders:

Mr. President: I have had a number of people ask me what the total registration is. About an hour or so ago it was approaching 900. We have over 500 dentists. I will get that information accurately and report it later.

President Barker:

Thank you, Dr. Sanders.

Are there any further reports?

Dr. Neal Sheffield, Chairman:

I have here the report of the Committee on the Education of Negro Dentists. It is a subject about which we do not know much, and I think there might be a good bit of discussion, and if so I should like for it to be off the record.

Report read.

REPORT OF COMMITTEE ON EDUCATION OF NEGRO DENTISTS

A request has come to this Committee from the Old North State Dental Society that the North Carolina Dental Society certify this group as a bona fide dental organization, in order that it may become a component of the American Dental Association.

The reasons given for this request are that in their present status their only dental literature is proprietary publications. They want the

advantages of receiving the *A. D. A. Journal*. In their present status they are not permitted to attend postgraduate courses and meetings of their alumni associations.

Our Committee wishes to thank those men of the North Carolina Dental Society who have so generously aided these colored groups by appearing on their programs. This Committee urges that the members of this organization continue to give their services when called upon to give papers and clinics.

This Committee recommends that this report be fully discussed and referred through the proper channels for study and consideration.

Respectfully submitted,

P. R. FALLS

J. H. NICHOLSON

W. T. RALPH

T. P. WILLIAMSON

NEAL SHEFFIELD, *Chairman*

Dr. Sheffield:

I move the adoption of the report.

Motion seconded.

President Barker:

The report is open now for discussion, which will be off the record.

Discussion off the record.

Dr. Paul Fitzgerald:

I wish to offer the following amendment to the motion: That the report be accepted and that the matter be referred to the Executive Committee for consideration and action, and that the letter referred to be answered accordingly.

Dr. Sheffield:

I will accept that amendment.

President Barker:

I understand that will be a substitute motion.

Dr. Sheffield:

Yes, sir.

President Barker:

The substitute motion will be voted upon first. Of course, if it is adopted, the original motion will not be necessary.

The substitute motion was seconded. When put to the question it was carried.

A Member:

Mr. President: I suggest that the Executive Committee take up the matter with the American Dental Association.

President Barker:

Do we have any further reports?

Dr. J. D. Kiser:

Mr. President: I have the name of a member of the Second District Dental Society who has been in ill health and unable to practice for about three years. I should like to move, therefore, that the name of Dr. A. P. Hartman of Winston-Salem be placed on the inactive roll. If he recovers from his illness and resumes practice he can then be restored to the roll of active members.

Motion seconded and carried.

Dr. Kiser:

I also have the name of Dr. Fred Anderson of Winston-Salem who has retired from practice. I move that he be placed on the roll of retired members.

Motion seconded; carried.

President Barker:

Is there any other business?

Dr. Branch:

Mr. President: Has any notice been taken of the illness of Dr. Davis of Oxford, who has been sick for some time?

Secretary Sanders:

Dr. Davis has been wired.

Dr. Branch:

I want to ask a second question. Is any notice taken when a man retires?

President Barker:

I don't think so, usually.

Dr. Hunter:

When a man retires I think his name is just deleted from the roll. I think that is all.

Dr. Alford:

I think it is placed on the inactive list.

Dr. Hunter:

Mr. President: I have the name of Dr. George E. Dennis, as resigning, and that of Dr. S. R. Watson, as retiring. I think it has been our custom to carry men as inactive without any action on the part of the House of Delegates.

Dr. J. Martin Fleming:

May I make a statement, not being a member of the House of Delegates?

President Barker:

Yes, sir.

Dr. Fleming:

I should like to state that it has been customary to place a member on the inactive list through a vote of the Society. When he is placed on the inactive list he does not pay dues. If he is on the active list, as long as he stays on there he is due to pay dues.

Dr. Hunter:

My last information was that Dr. Dennis had retired from practice and would like to resign his membership. He wrote me a note and said that he had retired from practice.

A Member:

Then we might just accept his resignation.

President Barker:

In that case we might vote on Dr. Watson for retiring.

Dr. Hunter:

Yes, sir, and Dr. Dennis as resigning. The point that Dr. Dennis meant was that he was retiring. I think he did not

mean any offense to the Society or took any offense from the Society.

Dr. Paul Jones:

Referring to the discussion about the Negro dentists, the point was made that these colored men could not get *The Journal* unless they were recognized members of a component society, but I have been given the information that anybody can get *The Journal* who will pay the subscription price.

Dr. Fitzgerald:

I think maybe that is incorrect, because I remember that I certified one once.

Dr. Hunter:

Just to clear the record, let me withdraw these motions until we get together as to what has been done.

Secretary Sanders:

Let me say that we have only ten men on the inactive list of the North Carolina Dental Society, and they are very deserving men in every case, I think.

Dr. L. Franklin Bumgardner, Editor-Publisher:

Mr. President: I have a report on THE BULLETIN.

President Barker:

We shall be glad to hear it.

Report on BULLETIN read.

REPORT OF "THE BULLETIN"

DR. L. F. BUMGARDNER, *Editor-Publisher*

FISCAL YEAR 1945-46

Balance Brought Forward—May 31, 1945	\$ 356.86
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RECEIPTS FROM ADVERTISING

June 12, 1945

Ray-Lyon Company	25.00
Noble Dental Laboratory	25.00

October 16, 1945

North State Dental Laboratory	15.00
Rothstein Dental Laboratory	25.00
Commercial Casualty Insurance Company	25.00
The Raleigh Dental Laboratory	25.00
Thompson Dental Company	25.00

October 24, 1945

Economy Printing Company	8.00
Central Dental Laboratory	8.00
Woodward Prosthetic Company	25.00
Smith Dental Company	8.00
R. & R. Laboratory	8.00
R. D. Webb Dental Mfg. Co.	15.00
Ray-Lyon Company	25.00
John O. Butler Company	25.00
S. S. White Dental Mfg. Co.	25.00

November 14, 1945

Merrimon Insurance Agency	8.00
Art Dental Laboratory	8.00
Dental Service Shop	15.00
Charlotte Dental Laboratory	15.00
High Point and Greensboro Dairy Councils	25.00
R. Lee Toombs Dental Laboratory	25.00
Keener Dental Supply Company	25.00

November 21, 1945

R. & R. Dental Laboratory	10.00
Buran's Prosthetic Laboratory	25.00
Noble Dental Laboratory	25.00

December 3, 1945

Woodward Prosthetic Company	30.00
Richmond Dental Laboratory	15.00
Powers and Anderson Dental Company	30.00

December 17, 1945

Buran's Prosthetic Laboratory	30.00
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February 6, 1946

Central Dental Laboratory	10.00
Commercial Casualty Insurance Company	30.00
Smith Dental Laboratory	10.00
Merrimon Insurance Agency	10.00
Thompson Dental Company	30.00
S. S. White Dental Mfg. Company	30.00
Rothstein Dental Laboratory	30.00

February 12, 1946

North State Dental Laboratory	18.00
Charlotte Dental Laboratory	30.00
Art Dental Laboratory	10.00
The Dairy Council	30.00
Raleigh Dental Laboratory	30.00
John O. Butler Company	30.00
R. D. Webb Dental Mfg. Co.	18.00

March 4, 1946

Economy Printing Company	10.00
R. Lee Toombs Dental Laboratory	30.00

Dental Service Shop	18.00
Keener Dental Supply Company	30.00
Allie McIntosh Antiques	10.00
Greer Furniture Co.	10.00
Mid Pines	10.00
Mr. Foster's Shop	10.00
Belvedere Hotel	10.00
March 19, 1946	
Richmond Dental Laboratory	30.00
Pycope Incorporated	30.00
March 23, 1946	
Noble Dental Laboratory	40.00
April 26, 1946	
John O. Butler Company	30.00
S. S. White Dental Mfg. Co.	30.00
Corega Chemical Laboratory	29.40
Rothstein Dental Laboratory	30.00
Buran's Prosthetic Laboratory	30.00
Commercial Casualty Insurance Company	30.00
Central Dental Laboratory	10.00
Smith Dental Laboratory	10.00
Thompson Dental Company	77.00
Merrimon Insurance Company	10.00
Pinehurst Garage Company	18.00
Resort Airlines	30.00
Mid-South Motors	10.00
The Coca-Cola Bottling Co.	10.00
May 1, 1946	
The Carolina Hotel & Pinehurst Greenhouses	40.00
Keener Dental Supply Company	18.00
Carter & Ross Dental Laboratory	35.00
May 4, 1946	
Pinehurst Chamber of Commerce	10.00
R. & R. Dental Laboratory	10.00
R. D. Webb Dental Mfg. Co.	30.00
The Pilot Restaurant	10.00
May 11, 1946	
Powers and Anderson	30.00
Charlotte Dental Laboratory	30.00
Economy Printing Company	10.00
Noble Dental Laboratory	108.07
Ray-Lyon Company	30.00
The Dairy Council	30.00
Woodward Prosthetic Company	30.00
Commercial Casualty Ins. Company	30.00
May 21, 1946	
Art Dental Laboratory	10.00

R. Lee Toombs Dental Laboratory	30.00
Aberdeen Oil Company	10.00
Raleigh Dental Laboratory	30.00
Richmond Dental Laboratory	30.00
May 25, 1946	
City of Southern Pines and the Chamber of Commerce	18.00
May 27, 1946	
Pycopo Inc.	30.00
May 30, 1946	
The Carolina Bank	10.00
Total Receipts Ending May 31, 1946	<u>\$2,482.33</u>

DISBURSEMENTS

1945

Economy Printing Company (cards), June 5	\$ 10.80
Economy Printing Company (cuts), August 7	8.36
Southern Bell Tel. & Tel. Company, September 14	2.29
Addressing Service Company, September 29	6.30
Postmaster (postage), October 3	2.22
Economy Printing Co. (October BULLETIN), October 10	377.20
Postmaster (postage), October 16	5.01
Southern Bell Tel. & Tel. Company, December 28	5.60

1946

Economy Printing Company (January BULLETIN), January 18	340.00
Economy Printing Company (cuts), January 26	2.03
American Association of Dental Editors (dues), January 26	5.00
Economy Printing Company (cuts), January 30	5.92
Economy Printing Company (envelopes), February 6	28.35
Economy Printing Company (rosters), April 1	197.71
Cash (postage), April 1	10.00
Economy Printing Company (cuts), April 12	121.37
Southern Bell Tel. & Tel. Co., April 12	5.20
Economy Printing Company (April BULLETIN), April 19	472.37
Postmaster (BULLETIN postage), April 19	10.00
Postmaster (cuts and stamps), April 27	11.34
Economy Printing Company (hand programs), May 3	232.00
Postmaster (stamps), June 1	10.00
Economy Printing Company (Proceedings Envelopes)	12.65
Pound & Moore Company (rubber stamp and pad)	1.14

Total	<u>\$1,882.86</u>
Total Receipts, Ending May 31, 1946	\$2,482.33
Total Disbursements, Ending May 31, 1946	<u>1,882.86</u>
Cash Balance—May 31, 1946	\$ 599.47

Dr. Bumgardner:

I move the acceptance of the report.

Dr. Sanders:

I second the motion.

President Barker:

Is there any discussion? If not, all in favor of accepting the report say "Aye." All opposed, "No." The motion is carried.

Dr. H. O. Lineberger:

Mr. President: I should like to present the report of the Military Affairs Committee and the Procurement and Assignment Service.

Report read.

MILITARY AFFAIRS COMMITTEE, PROCUREMENT AND ASSIGNMENT SERVICE

PROGRESS REPORT

The National and State Procurement and Assignment Services are at this time closing up their affairs and compiling final reports. Records already gathered reveal that the members of the dental profession made a great contribution to the war activities both as officers in the armed forces and as civilians on the home front. It is our sincere hope that our nation will never again be called upon to mobilize our forces to fight a great World War.

For the members of your Military Affairs Committee and as Chairman for Dentists in the Procurement and Assignment Service, I wish to take this opportunity to thank all of our members and all other members of the dental profession in North Carolina for their splendid coöperation and support.

In the beginning every dentist in North Carolina was asked to furnish certain personal information in the form of a questionnaire. On these facts, and other statistical information, your Committee has had to base its policies. Sometimes our decisions have been hard, but to all we have tried to be fair. Every dentist who entered the armed forces from North Carolina did so on his own free will and accord. Many who sought commissions had to be declared essential and forced to remain in critical areas because of circumstances beyond their control.

Our State Committee is deeply indebted to Dr. Frank H. Lahey, Chairman of the Directing Board, Dr. C. Willard Camalier, A. D. A. War Service Committee, Dr. Paul M. Barton, Executive Secretary and his corps of assistants in the Washington Procurement and Assignment Headquarters. We wish also to thank Major General Robert H. Mills, Rear Admiral A. G.

Lyles, Captain Raymond Wells, and other officials of the Army, Navy, U. S. Public Health and Selective Service for their coöperation.

This report would not be complete if the Committee did not express its sincerest appreciation for the closest coöperation and consideration which was given us by General J. Van B. Metts, Lieutenant Colonel Hugh Upton, and Major E. D. Peasley of the State Selective Service Headquarters and all the local Selective Service Boards.

The many files and tabulated card system in the State Chairman office and the thousands of letters and directives which have been issued could not have been possible had it not been for the diligent and overtime service rendered by Miss Addie Murry Darden, Secretary to the Chairman and Miss Carolyn Mercer of the Oral Hygiene Division of the North Carolina State Board of Health. To them we express our grateful appreciation for services well done.

In order that our Roll of Dentists, who served with the armed forces, may be rechecked and other records brought up to date, your Committee respectfully requests that we be permitted to submit a subsequent report for publication in the Proceedings.

Respectfully submitted,

(Signed) H. O. LINEBERGER, *Chairman*

For the Committee

REPORT OF THE MILITARY AFFAIRS COMMITTEE AND THE PROCUREMENT AND ASSIGNMENT SERVICE

The following North Carolina dentists were commissioned in the Dental Corps and served on active duty with the armed forces in World War II:

Abernathy, A. D., Hickory
Adams, R. G., Hamlet
Adcock, George W., Jr., Varina
Almond, G. S., Andrews
Anderson, A. E., Morganton
Anderson, Fred, Winston-Salem
Apple, H. D., Greensboro
Atwater, Frank G., Burlington
Austin, Edward, Robersonville
Baker, E. D. W., Raleigh
Barr, R. F., West Jefferson
Baughan, H. A., Mount Olive
Beavers, D. L., Winston-Salem
Bell, J. T., Durham
Bell, Durant, Washington
Bencini, Emery A., High Point
Biddell, F. H., Laurinburg
Bingham, H. O., Jr., Denton
Bingham, J. P., Lexington
Bishop, B. B., Jr., Tryon
Blair, Thomas L., Winston-Salem

Blanchard, M. T., Hobbsville
Brown, C. F., Hickory
Brown, J. W., Rich Square
Brown, P. W., Asheville
(Regular Army)
Bunn, A. D., Henderson
(Regular Navy)
Byerly, R. L., Winston-Salem
Byrd, W. M., Sanford
Caddell, F. S., Burlington
Caldwell, Clell S.
Campbell, W. E., Durham
Cantrell, John W., Boiling Springs
Chapman, W. K., Waynesville
Civils, Henry Franklin, Cove City
Coleman, H. E., Jr., Warrenton
Collins, Thomas Greene, Angier
Cooke, Charles S., Rich Square
Cook, D. S., Lenoir
Cotter, Paul E., Dunn
Crotts, H. K., Winston-Salem

- Crawford, D. H., Asheville
 Crowell, Joseph
 Crutchfield, J. G., Asheboro
 Daniel, Alpheus, Jr., Roanoke
 Rapids
 Daniels, O. D., Jr., New Bern
 Daniel, R. A., Roanoke Rapids
 Darby, R. D. (Regular Army)
 Darrough, T. K., Asheville
 Davis, G. M., Ft. Lauderdale, Fla.
 Davis, J. V., Jr., Concord
 Denning, John N., Smithfield
 Drum, B. C., Conover
 Dupree, L. J., Kinston
 Eatman, Charles D., Rocky Mount
 Eatman, E. L., Rocky Mount
 Edwards, Alton B., Hamlet
 Edwards, J. Raymond, Jr.,
 Fuquay Springs
 Edwards, L. M., Jr., Durham
 Edwards, W. J., Siler City
 Ezzell, John William, Concord
 Etheridge, V. Earl, Kenly
 Ezzell, L. L., Andrews
 Falls, R. L., Morganton
 Farthing, J. C., Boone
 Faucette, J. W., Asheville
 Finch, Robert E., Raleigh
 Finch, Walter H., Jr., Henderson
 Fitzgerald, Paul, Jr., Raleigh
 Flaherty, Thomas, Jr., Asheville
 Folger, J. M., Dobson
 Fowler, Thomas G.
 Freedland, Jacob B., Charlotte
 Fritz, Conrad B., Hickory
 Furr, C. E., Concord
 Gibson, J. C., Gibson
 Grady, E. C., Elm City
 Grady, L. V., Wilson
 Grant, Ben P., Jr., Franklin
 Griffin, Mallie A. (Regular Navy)
 Griffin, W. K., Durham
 Hamilton, Alvah L., Jr., Morehead
 Hamer, Thomas N., Rock Hill,
 S. C. (Regular Navy)
 Hamilton, Robert P., Morrisville
 Hammond, W. L., Pollocksville
 Hamrick, John B., Rutherfordton
 Hargrove, William F., Asheville
 Harrill, C. H., Lincolnton
 Hawkins, P. C., Forest City
 (St. Petersburg, Fla.)
 Harris, A. L., Wilmington
 Harris, Franklin G., Bethel
 Harris, G. W., Belhaven
 Hart, Samuel Turner, High Point
 Henson, James L., Greensboro
 Hill, Julius N., Jr.
 Hoffman, M. J., Charlotte
 Herring, L. D., Roseboro
 Hoffman, R. R., Asheville
 Holloway, O. W., Forest City
 Holhouser, L. C., Rockwell
 Hughes, E. V., Fort Bragg
 Hughes, Francis W.
 Hull, P. C., Jr., Charlotte
 Hunsucker, H. M., Greensboro
 Hunt, R. N., Leaksville
 Hyde, Adrian T.
 Irwin, John R., Jr., Charlotte
 Isenhower, Samuel, Newton
 Jennette, A. T., Washington
 Johnson, N. C., Jr., High Point
 Johnston, C. D., Elizabeth City
 Jordan, Julius F., Raeford
 Jones, A. J., Varina
 Karesh, H. A., Greensboro
 Keith, O. R., Hendersonville
 Kendrick, V. B., Charlotte
 King, David D., Lumberton
 Kirkland, G. F., Durham
 Kiser, Winford John, Lincolnton
 Kyles, C. P., Charlotte
 Lane, David P., Raleigh (colored)
 Lansche, Francis Elmer, New Bern
 League, W. Y., Brevard
 Lee, William Glenwood,
 Willow Springs
 Lewis, O. P., Kings Mountain
 Ligon, Joseph, Jr., Raleigh
 Lilley, M. M., Scotland Neck
 Lindsay, W. K., Fayetteville
 Lipe, E. W., Kannapolis
 Logan, W. C., Winston-Salem
 Malone, Ralph W., Goldsboro
 (Regular Navy)
 Masten, R. E., Winston-Salem
 Medearis, W. F., Charlotte
 Menius, John W., Jr., Monroe
 Miller, Roy, New Bern

Minges, C. R., Rocky Mount	Rudder, W. L., Beaufort
Moore, Herbert L., Old Fort	Scholar, Norman P., Mooresville
Moore, L. J., Jr., St. Pauls	Self, F. L., Lincolnton
Morris, D. W., Fayetteville	Self, I. R., Jr., Lincolnton
Moser, James E., Gastonia	Shapiro, E. N., Asheville
Motley, E. R., Charlotte	Shoaf, R. R., Lexington
McCall, Howard, Spruce Pine	Sloop, W. M., Crossnore
McCall, Robert, Forest City	Smith, Dowell Wilbert, Lexington
McCracken, C. H., Asheville	Smith, Herbert (Regular Army)
McGuire, H. S., Sylva	Smith, Robert Lee, Kipling
McIntosh, J. A., Asheboro	Spoon, Riley E., Jr., Winston-Salem
Nichols, E. R., Durham	Sprinkle, Marian Cleo, Atlanta, Ga.
(Regular Army)	Stienman, R. R., Enka
Nesbit, T. G., Charlotte	Stone, I. Frank, King
Nixon, James W., Oteen	Strickland, Earl Westray,
Noble, Richard Jordan, Smithfield	Whitakers
Overcash, Robert F., Albemarle	Swindell, J. E., Raleigh
Parker, C. A., Norwood	Teague, E. R., Reidsville
Parker, Robert B., Enfield	Thomas, Jacob E. L., Tarboro
Pearman, H. R., Asheboro	(Regular Navy)
Pearson, E. A., Raleigh	Thomas, J. T., Asheboro
Phillips, A. A., Raleigh	Thompson, H. W., China Grove
Pigford, G. E., Wilmington	Tuttle, D. M., Gastonia
Plaster, H. E., Shelby	Turner, J. V., Jr., Wilson
Pleasants, J. E., Chapel Hill	Walker, B. N., Charlotte
Potts, S. J., Tabor City	Ward, S. J., Greenville
Poover, Auburn, Hickory	Watson, E. H., Henderson
Powell, J. B., Jr., Ahoskie	Webster, B. R., Newton
Powell, Julius P., Clinton	Welborn, Sam, Jr., Thomasville
Pratt, C. B., Madison	Whittington, P. B., Greensboro
Pressly, W. A., Greensboro	Williams, Harry Richard, Roseboro
Pringle, J. R., Greensboro	Wolfe, Carl Bagley, Greensboro
Pruitt, James F., Oxford	Woodard, Charles F.
Purvis, P. C., Fairmont	Woodard, W. L., Salisbury
Ramsey, A. M., Marshall	Woody, F. S., Roxboro
Raymer, J. L., Shelby	Woody, L. D., Gastonia
Reece, J. P., Concord	Wright, Dan, Greenville
Renfrow, R. R., Fayetteville	Woody, Mundie Eugene, Jr.,
Rhyne, Howard Sloan, Gastonia	Bessemer City
Rich, C. Frank, Candler	Yelton, John L., Shelby
Roberts, Clarence E., Fayetteville	Yokeley, G. W., Winston-Salem
Rogers, John Thomas, Jr., Durham	Young, Henry L., Rocky Mount
Rollins, L. C., Canton	Zimmerman, J. W., Salisbury
Ross, N. F., Durham	

The following North Carolina dentists made application for service with the armed forces but were not assigned to active duty for physical reasons or because their services were deemed essential in critical areas:

Abernathy, G. S., Hickory
Atwood, T. W., Durham

Black, D. A., Charlotte
Bonner, A. B., Hertford

Bowling, H. X., Durham
 Bowling, W. W., Durham
 Butler, M. W., Asheville
 Carrell, G. H., Asheville
 Coffey, R. D., Morganton
 Davis, F. W., Asheville
 DeBerry, A. C., Raleigh
 Dixon, T. L., Durham
 Erwin, E. A., Greensboro
 Eure, Darden, Morehead City
 Fox, M. O., Elkin
 Fritz, J. R., Hickory
 Johnson, C. B., Jacksonville
 McFall, W. T., Asheville
 Morse, D. T., Black Mountain
 Monk, H. L., Durham
 Munsell, P. L., Kinston
 Newton, M. E., Chapel Hill

Nimocks, W. G., Fayetteville
 Paschal, L. H., Fayetteville
 Patterson, G. K., Asheville
 Plaster, H. S., Shelby
 Richardson, A. L., Leaksville
 Senter, J. C., Albemarle
 Smith, C. I., Lumberton
 Smith, Junius, Wilmington
 Stanford, A. R., Greensboro
 Steelman, S. H., Lincolnton
 Taylor, C. B., Hendersonville
 Towler, S. B., Raleigh
 Truluck, M. H., Asheville
 Whisnant, C. M., Burnsville
 Whittemore, Robert Y., Durham
 Wilkins, R. A., Mt. Olive
 Zibelin, C. V., Wallace

Dr. Lineberger:

I move the adoption of the report.

Motion seconded and carried.

President Barker:

Is there any further business to come before this session?
 (No response.)

If not, a motion for adjournment is in order.

Dr. Frank Alford:

I move that we adjourn.

Motion seconded and carried.

(Thereupon the second session of the House of Delegates adjourned at 5:00 o'clock p. m.)

BANQUET

TUESDAY EVENING, MAY 7, 1946

The banquet of the Ninetieth Annual Session of the North Carolina Dental Society was held at 6:30 p. m. in the dining room of the Hotel Carolina, Pinehurst, on Tuesday, May 7th, with Dr. W. L. McRae, Chairman of the Entertainment Committee, presiding.

Chairman McRae:

Will you all please stand, and we will have the invocation by Dr. J. S. Betts of Greensboro.

Dr. J. S. Betts:

O Master, Thou whose love still keeps Thee full of pity and tenderness and gentleness and sympathy and forgiveness, we bow to Thee.

We bring unto Thee at this time the sincere homage of grateful hearts, that Thou hast spared our unprofitable lives to this good hour, when we are permitted again to see each other's face and hear each other's voice.

We thank Thee, Lord, for every moment dropped into our lives which had some sweetness in it; for all the golden hours when friendship met and gave up heart for heart and thought for thought; for all the love that faithful hearts let fall to drop into our own; for every look from loving eyes; for every smile or word of love that has gladdened us; for subtle influence that has made us strong and brave and enabled us to carry on when the road was rough and rugged and the days were dark and dreary and burdens grievous to be borne.

We thank Thee for Thy sustaining grace during the anxious and trying days when many of our dear ones were gone from our homes in defense of our country's rights and liberties, when the world turned in agony, wallowing in its own blood. We thank Thee that the forces of evil were put to flight, and we bless Thee that out of the night came the dawn.

Bless those of our loved ones who are carrying on at home during our absence; let Thy loving eye keep watch over them. Send angels down to kneel around their beds at night, Lord Jesus. Help each one of us to be faithful in every relation of life, remembering ever that no life can be pure in its purpose and strong in its strife and all life not be purer and stronger thereby.

In His name we ask this. Amen.

Chairman McRae presented Mr. Thomas Hunter of Fayetteville, who acted as toastmaster.

Presentation of officers of the Society and of guests.

Music by Billie Love of Rockingham, N. C., eight-year-old violinist.

Toastmaster Hunter:

At this time I recognize Dr. Walter E. Clark of Asheville.

Dr. Walter E. Clark, Asheville:

Mr. Toastmaster, Mr. Chairman, Guests, and Members of the North Carolina Dental Society: This is a very happy occasion, and we come now to the crowning moment of it, in that we are going to bestow fitting recognition upon one who has served us faithfully and well.

Dr. Barker, you have been an able President. You have had to serve two long years under adverse circumstances. We are proud of the record you have made. I wish we had two emblems to present to you, but we have only one. We present it to you, therefore, with a double portion of our appreciation and esteem. I hope you will wear this jewel with pleasure, and I am sure it will be with honor to the North Carolina Dental Society.

President Barker:

Mr. Toastmaster, Dr. Clark, Ladies and Gentlemen: I thank you, Dr. Clark, for your remarks. I appreciate this emblem and that for which it stands; I appreciate it with all my heart. I shall always wear it with pride and I trust with dignity and honor to our Society. I thank you.

Address by Mr. Frank H. Jeter of Raleigh.

Adjournment at 9:00 o'clock to the general session in the ballroom.

BUSINESS SESSION

TUESDAY EVENING, MAY 7, 1946

The general business session of the North Carolina Dental Society convened in the ballroom of the Carolina Hotel at 9:15 o'clock p. m., Tuesday, May 7, 1946, with the President, Dr. O. C. Barker, presiding.

President Barker:

The general session of the North Carolina Dental Society will please come to order.

The order of business for the evening is the election of officers for the ensuing year. The Election Committee will

consist of Dr. W. C. Taylor, Chairman; Dr. E. L. Smith, Dr. J. R. Edwards, Sr., and Dr. A. L. Wooten. The district Secretaries will please assist in the election.

The first item of business is the election of a President-elect for the next year. The Chair will now accept nominations.

Dr. Darden J. Eure:

Mr. President?

President Barker:

Dr. Eure.

Dr. Eure:

Gentlemen of the North Carolina Dental Society: For somewhat over twelve years now it has been my privilege to be associated with this group and to make my own personal observations, and it has delighted me to see certain men giving of themselves to make possible such a grand society as we have here in this state. Tonight I want to present a man for nomination as our President-elect whom I have personally come to love and to respect, and I might add that his community respects him very highly as a man. In his home town he is on the board of the city schools; he happens to be Chairman of the Board of Deacons of his church; and in every way he lends of himself as becomes a good citizen. He has practiced in this state for over thirty years. It gives me a great deal of pleasure to place in nomination for President-elect of the North Carolina Dental Society Dr. R. M. Olive, Sr., of Fayetteville.

Dr. J. Martin Fleming:

Mr. President?

President Barker:

Dr. Fleming.

Dr. Fleming:

Mr. President and Gentlemen of the Society: You may think it is a little bit embarrassing to me to nominate somebody to oppose a man from my own district, but there are men just as well qualified in other districts; and, all other things being equal, I think the representation should be more evenly distributed. During the last twenty years four Presidents have been selected

from the First District, two from the Second District, four from the Third District. Coming to the Fourth District, there have been six Presidents elected from there. I myself am in that District, which has had six Presidents in the last twenty years. The Fifth District has had four. So the honors have not been well distributed. I have not been much in favor of rotation by Districts, but I do think where everything is equal we should have representation from the different Districts. If things are not equal, let's pick the best man.

In 1921, in Charlotte, we held the meeting that began the district organization. At that meeting two men were nominated for President of this Society. If I ever wanted to be twins I wanted it that night, because I wanted to vote for each of the men nominated—both good friends of mine.

The man I want to nominate tonight was formerly the Treasurer of this Society. Since that time the treasurership and the secretaryship have been combined in one office, and the man I shall nominate for President was dropped from the office of Treasurer at that meeting. He was nominated for President but by a close vote lost it.

Another habit we have, which I think is a good one, is to alternate the presidency of the Society between the East and the West, just as the governorship of the state alternates from the East to the West. You may say we do not do that, because a few years ago we had Fitzgerald and then Clyde Minges. Because of the outstanding work Minges had done in the National Association we felt it was only fitting that we should give him some recognition in his home state, and we therefore took two men from the East in succession instead of jumping from the East to the West. We now have one man nominated from the East. I think we should go to the West, and it is therefore my privilege to nominate an old friend, Dr. E. G. Click, of Elkin.

President Barker:

Are there further nominations?

Dr. C. C. Poindexter:

I wish to second the nomination of Dr. Olive.

President Barker:

Nominations do not require a second.

Dr. D. L. Pridgen:

I feel that I cannot refrain from saying just a word in behalf of Dr. Olive. Having been associated with him for something over twenty years, I think I am in a position to know him perhaps better than some of you. While it is not my intention to make a long speech in his behalf, I can assure you that were he elected to this office he would carry out the duties of it and you could find no one who would take more interest in the affairs of the Society or who would put more of himself into the work.

Dr. L. G. Coble:

I wish to second the nomination of Dr. Click. He is a hard worker in the Society and is a big dentist in a small town. In getting the President-elect from some small town I think we would encourage the smaller-town dentists to attend these meetings. So I want to indorse Dr. Click.

Dr. John A. McClung:

There have been two very fine men presented here tonight, and both are excellent friends of mine. Dr. Pridgen said he has known Dr. Olive for twenty years. I have known him longer than that. He is a very fine dentist and one of the best friends I have ever had. At the same time I have known Dr. Click for a great many years, too. I wish I were twins tonight and could vote for both of them. Dr. Click has done a great deal of work for the Society. When he first came in I think he was Treasurer, perhaps; and he has given many, many clinics. Dr. Olive, too, has served this organization. I wish I could vote for both of them. Since I cannot, I wish to second the nomination of Dr. Click.

Dr. G. A. Lazenby:

I want to put in a plug for Dr. Click. As Dr. Fleming has said, I think we should distribute the honors more evenly. John Click is an ideal Christian gentleman. His ethics are high; he is a fine dentist and gentleman, so give him your consideration.

Dr. Paul Fitzgerald:

I did not expect to get on my feet tonight, but I was sitting there looking back across the years, and I remember the time when I first met Bob Olive. It was at a meeting of the North Carolina Dental Society. There sprang up between Bob Olive

and myself a friendship and an association which has lasted throughout the years, a friendship which I am proud to think of tonight. Bob Olive is a man who has held the ideals of the profession before him. The elevation and the progress of the profession have been something that he has labored for as a goal. I just wish, gentlemen, to indorse Bob Olive and to say that if he is elected he will fill the office with integrity and honor. I thank you.

President Barker:

Are there any other nominations? If not, the Chair will entertain a motion that the nominations be closed.

Dr. George S. Alexander:

I move that the nominations be closed.

Motion seconded and carried.

President Barker:

The motion is carried, so the order of business will be the election of the President-elect.

Secretary Sanders:

Gentlemen: Go in on the right-hand side, vote, and come out on the left.

Will the District Secretaries please come forward?

The voting then proceeded.

President Barker:

The Chairman will announce the totals of the votes.

Chairman Taylor:

Dr. Olive, 99; Dr. Click, 93.

Dr. Click:

Mr. President: The majority has spoken, and I abide by the results and make a motion to make the vote unanimous for Dr. Olive.

President Barker:

Dr. Click has moved to make the vote unanimous for Dr. Olive. Do I hear a second?

Motion seconded and carried.

President Barker:

The Secretary will cast the unanimous vote of the Society for Dr. Olive as President-elect.

Secretary Sanders:

Mr. President: It gives me great pleasure to cast the unanimous vote of the North Carolina Dental Society for Dr. R. M. Olive, Sr., as President-elect.

President Barker:

Gentlemen: We shall appreciate it very much if you will limit your nominating speeches to two minutes or less, because of the lateness of the hour.

Nominations are in order for Vice-President.

Dr. W. L. McRae:

Mr. President: I want to nominate my friend and neighbor, Dr. Marcus R. Smith, as Vice-President of this Society.

Dr. J. L. Edwards:

I second the nomination.

Dr. Murphy:

Mr. President: As a matter of principle, I think either we should have a standing vote in here, which would save all the time spent in going back there to vote, or, if we are going to have a secret ballot, have a secret ballot. We are not casting secret ballots tonight.

Dr. Burke Fox:

The Constitution calls for a secret ballot.

President Barker:

We have a parliamentarian here. What is the rule on that, Dr. Fleming?

Dr. Fleming:

I think the rule does call for a secret ballot, but it seems to me there is no harm done as it is. If we let only one go in there at a time to vote it will take hours.

President Barker:

The Chair tries, of course, to conduct everything on a democratic basis. We will conduct the vote by acclamation if you want it that way.

Dr. S. E. Moser:

I move that the nominations be closed, that the rules be suspended, and that Dr. Smith be elected by acclamation.

Motion seconded.

President Barker:

As I said, the Chair wishes to be democratic. We do not want to railroad anything. Are there any other nominations?

You have heard the motion that the nominations be closed, which motion was seconded. All in favor will say "Aye." All opposed, "No." The ayes seem to have it, and Dr. Marcus Smith is elected.

Gentlemen: We come to the next order of business, which is the election of a Secretary-Treasurer for the ensuing year. Do I hear a nomination?

Dr. Fox:

Mr. President: I was not in favor of the third term or the fourth term nationally, but when we have such a good Secretary-Treasurer I think we ought not to change horses. I should like to move that Dr. Sanders be reëlected by a unanimous vote of the Society.

Dr. George Alexander:

I second Dr. Sanders' nomination.

Dr. Z. L. Edwards:

I move that the nominations be closed and that Dr. Sanders be elected by acclamation and that the President cast the unanimous vote of the Society for Dr. Sanders.

A Member:

I second the motion.

President Barker:

You have heard the motion, gentlemen. What is your pleasure? Those in favor will say "Aye." Those opposed, "No." The

motion is carried, and I take unusually great pleasure in casting the vote of the Society for our very faithful and very efficient Secretary-Treasurer for the coming year. Dr. Sanders?

Secretary Sanders:

Gentlemen: I thank you. I heard over the grapevine this afternoon that Clyde Minges was going to run against me, and I am glad he did not. The situation reminds me of one a week ago, when I was trying to give my little son a dose of castor oil, and he said: "Daddy, you don't love me." I don't know whether you fellows love me, or not, but I will do my best.

President Barker:

The next order of business is the election of members of the Board of Dental Examiners. We have a little different situation from usual, in that last year two members should have gone off, as I should have. We will first have the election of two, who will be elected for a term of two years each; and then we will go on to the next two, who will be elected for the full three years.

The first men I have on the list here, as printed in THE BULLETIN, to come off are Dr. A. C. Current of Gastonia, and Dr. D. L. Pridgen of Fayetteville. The Governor asked them to finish out the year. We recommend them, but he appoints them.

First I will entertain nominations for Dr. Current's successor.

Dr. S. P. Gay:

Mr. President: I wish to place in nomination a man I have known for twenty years and with whom I have worked on many occasions. He is a member of the First District Society. As a man he is honest, sincere, and a Christian gentleman; as a dentist he is thorough and efficient. I am sure he has the qualifications to meet the demands of this very high office. This man is Dr. Walter E. Clark of Asheville.

Dr. Darden J. Eure:

I second that nomination.

President Barker:

Are there any further nominations?

Dr. S. E. Moser:

Mr. President: I move that the nominations be closed and that we elect Dr. Walter Clark by acclamation.

Motion seconded by Dr. S. H. Steelman and Dr. Carr and carried without a dissenting vote.

President Barker:

The Chair is now ready to entertain nominations for a successor to Dr. C. L. Pridgen.

Dr. L. M. Massey:

I move that we reëlect Dr. Pridgen.

Dr. Ralph Jarrett:

I second that.

President Barker:

Are there any further nominations?

Dr. Current:

I move that the nominations be closed and that Dr. Pridgen be reëlected by acclamation to succeed himself as a member of the Board of Dental Examiners.

Dr. R. M. Olive:

I second the motion.

Motion carried.

President Barker:

Now we come to the three-year men, Dr. Wilbert Jackson and Dr. John R. Pharr. I first call for nominations for a successor to Dr. Wilbert Jackson.

Dr. Wells:

I nominate Dr. Wilbert Jackson to succeed himself, since he has done such a splendid job for the last three years.

Motion seconded.

Dr. Clyde E. Minges:

I feel that were I not to say a few words here this evening I should be remiss in my duty. I served on the Board with Dr.

Jackson for a year or so. I admit he came in there as Secretary, at the start; and I do not believe there is a better Secretary in these United States. Dr. Jackson might upset matters in a national way and become the outstanding member of the National Board of Examiners. Through his services he has become a member of the Dental Educational Council and has served with honor and distinction to the state he represents. Dr. Jackson at the present time is Vice-Chairman of one of the most important councils of the American Dental Association. In reëlecting Dr. Jackson to the Board, so that he may continue his services, we are not honoring Dr. Jackson but are honoring dentistry, and particularly dentistry in North Carolina. I thank you, sir.

Dr. F. E. Gilliam:

I should like to make a motion that the nominations be closed, that the rules be suspended, and that the President cast the unanimous vote of the North Carolina Dental Society for Dr. Wilbert Jackson to succeed himself as a member of the Board of Dental Examiners.

Motion seconded by Dr. Hester and carried.

President Barker:

I take great pleasure in casting the unanimous vote of the North Carolina Dental Society for Dr. Wilbert Jackson to succeed himself as a member of the North Carolina Board of Dental Examiners.

The next order of business is the nomination of a member of the Board of Dental Examiners to succeed Dr. John R. Pharr.

Dr. G. Fred Hale:

It is my pleasure to nominate Dr. Frank O. Alford to succeed John Pharr. I do not have to elaborate on Dr. Alford. If elected he will serve us well.

Dr. W. I. Farrell:

I second the nomination.

President Barker:

Any further nominations?

Dr. Kiser:

I should like to move you, sir, that the rules be suspended and that this Society elect Dr. Frank Alford to the Board of Dental Examiners by a unanimous vote.

Motion seconded and carried.

President Barker:

The Secretary will cast the vote.

Secretary Sanders:

It gives me great pleasure to cast the unanimous vote of the Society for Dr. Alford.

Dr. Wilbert Jackson:

Mr. President: It gives me great pleasure at this time to express my deep appreciation of the most recent honor you have conferred upon me. I feel I would be derelict in my duty to John Pharr and to my friend from Gastonia, Ed Current, if I did not say that these men have been two of the finest examiners it has ever been my pleasure to labor with.

I want to say that it is not my wish to break any precedent in this Society. It was no wish of mine that I was placed on the Council of Dental Education, but I was asked to fill the place for two years of one of the finest men that ever lived. It was for that reason I consented to accept this nomination at this time. I hope I may be of service to North Carolina and to the Board. I want to assure you men that it is no desire of mine that I stay, knowing that there are many others who can serve this Board as well as I, but because I have been selected through no effort of mine to carry on in a national way through our national organization. In order to carry on in that way it is necessary that I continue on this Board, and it was with great reluctance that I consented tonight to stay on the Board.

Gentlemen, I thank you, and as long as I live I will never betray your confidence, and if I do not carry on as I should I shall be happy to have any one or every one of you tell me where I have failed. I thank you.

President Barker:

Thank you, Dr. Jackson.

It seems that several terms of Dr. Jackson's are expiring this year. The next order of business will be the election of two

delegates to the national association. The term of one expired last year, and Dr. Wilbert Jackson filled out. The successor to that delegate will be elected for two years.

Dr. Paul Jones' term expires, and the term of his successor will be for three years.

First I will entertain nominations to fill the place of Dr. Jackson.

Dr. Kiser:

Mr. President: I think the North Carolina Dental Society would be missing a great opportunity if we do not use the wisdom with which we have been endowed and send Dr. Wilbert Jackson back as our delegate to the American Dental Association. It is with great pleasure that I place in nomination Dr. Wilbert Jackson to succeed himself as delegate to the American Dental Association.

President Barker:

Are there any further nominations?

Dr. Minges:

I move that the nominations be closed and the rules be suspended and that the Secretary cast the unanimous ballot of this Society for Dr. Jackson to succeed himself.

Motion seconded.

President Barker:

Those in favor of the motion as stated by Dr. Minges will say "Aye." Those opposed, "No." The ayes have it; the motion is carried; and I ask the Secretary to cast our unanimous ballot.

Secretary Sanders:

I take great pleasure in casting the unanimous vote of the North Carolina Dental Society for Dr. Wilbert Jackson to succeed himself as delegate to the American Dental Association for the next two years.

President Barker:

The next business is to elect a successor to Dr. Paul Jones as delegate to the American Dental Association for three years.

Dr. Fox:

We have a lot of good men here tonight, but about three-fourths of them are from the eastern part of the state. I should like to see the West get a little recognition here. It is my pleasure to place in nomination for a term of three years the name of Dr. Frank W. Kirk of Salisbury. He has been one of our most efficient District Presidents, and he would do a fine job.

Dr. Eatman:

I think if we stop to consider what Paul Jones has done for North Carolina, for the entire state, you will recognize that he is invaluable. It has been my pleasure to be associated with Paul Jones for a number of years, and Paul has taken every opportunity not only to help me in my practice and in my way of living, but everything he has done has been in dentistry as a whole. I wish to place Paul Jones in nomination to succeed himself.

A Member:

I second the nomination.

Dr. George Alexander:

I second the nomination of Dr. Kirk.

President Barker:

Are there any further nominations?

Dr. R. Philip Melvin:

I move that, since we do not have a secret ballot, we take this vote by a standing vote.

Motion seconded.

A Member:

I rise to a point of order.

Dr. Melvin:

If you will pardon me, Mr. President, I withdraw my motion and now move that the rules be suspended and that the nominees be voted upon in the order of their nomination and that we vote by a standing vote.

A Member:

According to parliamentary rules the last nominee is voted upon first.

Dr. Poindexter:

Don't our Constitution and By-Laws call for a secret ballot?

Dr. H. K. Crotts:

I nominate Dr. Melvin.

Dr. Fleming:

If we suspend the rules and nominate a man by acclamation, we can suspend the rules and elect a man by a standing vote.

Motion seconded.

President Barker:

We have a motion to suspend the rules and elect by standing vote. All in favor say "Aye." Opposed, "No." The motion is carried.

Dr. Philip Melvin has been nominated. The Chair again asks whether there are other nominations. If not, those in favor of Dr. Melvin's election as delegate to the American Dental Association will please rise and remain standing until counted. The Secretary will please count.

Be seated, gentlemen.

The next order of business will be to vote upon the nomination of Dr. Paul Jones. Those who favor him will please rise and remain standing until counted. The Secretary will count.

You may be seated, gentlemen.

Those in favor of Dr. Frank Kirk will please rise and remain standing until counted. The Secretary will count.

Be seated, gentlemen.

The Chair declares Dr. Paul Jones reëlected to succeed himself.

The next order of business is the election of alternates. I believe it is customary to elect four alternates for a period of one year.

Dr. Clyde Minges:

Mr. President: I rise not to make a nomination but to give a little information. There seems to be still some confusion about

the meeting in Miami. There will not be a full meeting of the American Dental Association in Miami. There will be a meeting of the House of Delegates. I say again, as I have said about five hundred times, that there is no use in electing a man who will not go. I think it would be wise to call for a show of hands of those who are going to Miami and then select our men from among them.

President Barker:

All right, those who could go will please raise their hands.

Dr. Minges:

I should like to place in nomination the name of Dr. Frank Alford.

Dr. Frank Alford:

I nominate Dr. Poindexter.

Dr. Fred Hale:

I nominate Walter McRae.

Dr. Fitzgerald:

I wish to nominate Dr. Bob Olive.

Dr. Minges:

I move that the nominations be closed, that the rules be suspended, and that the Secretary cast the unanimous vote of the Society for the four nominees.

Motion seconded and carried.

Dr. Minges:

Mr. President: There happens to be a possibility that we might have a fifth delegate. In that event, I move that the first named delegate, Dr. Frank Alford, act as our fifth delegate, in case we have one.

Motion seconded and carried.

President Barker:

The Secretary will cast the vote.

Secretary Sanders:

It gives me great pleasure to cast the unanimous vote of the North Carolina Dental Society for the following men, who will

serve during the next year as alternates to the American Dental Association: Dr. Frank O. Alford, Dr. C. C. Poindexter, Dr. Walter L. McRae, and Dr. R. M. Olive; Dr. Alford to act as our fifth delegate in case we are entitled to a fifth delegate when all our members are in.

Dr. Fitzgerald:

In case we are entitled to a fifth delegate, do we need five alternates?

Dr. Fox:

Mr. President: Since we are talking about a contingency, I think it might be left to the discretion of the President and Executive Committee to name two additional alternates if they are needed, and I so move.

Motion seconded.

President Barker:

It has been moved and seconded that the Executive Committee be empowered to appoint two additional alternates if it becomes necessary.

Dr. Minges:

I rise to a point of order. I think it has been customary for the delegation to elect another alternate or alternates after they get to the meeting place. It may not be parliamentary, but it is a well known custom. The Executive Committee is not there and does not know who is, and I think the custom should be followed. I offer that as a substitute motion.

Substitute motion seconded, put to vote, and carried.

President Barker:

That brings us to the next order of business, which is the selection of a meeting place for next year. The Chair would like to hear invitations.

Dr. Minges:

I should like to know if the dentists of Pinehurst want us to come back. I think this is an ideal place for our meeting.

Dr. Medlin:

Mr. President: I wish to extend an invitation to the Society to meet in Pinehurst next year.

Dr. Ralph F. Jarrett:

I move that the invitation be accepted.

Motion seconded.

President Barker:

Do we have other invitations? If not, those in favor of Pinehurst will say "Aye." Those opposed, "No." The motion is carried without a dissenting vote.

Is there anything further?

Secretary Sanders:

Mr. President: We have a total of 815 present, which is the largest number we have ever had.

President Barker:

Thank you, Dr. Sanders.

The meeting is now adjourned.

Whereupon the session adjourned at 10:30 p. m.

REGISTRATION

<i>District</i>	<i>Total</i>
First District	79
Second District	116
Third District	94
Fourth District	93
Fifth District	78
<hr/>	
Total	460
Dental Hygienists	5
Exhibitors	52
Visitors	298
<hr/>	
Grand Total	815

HOUSE OF DELEGATES

WEDNESDAY MORNING, MAY 8, 1946

The final session of the House of Delegates was held in the ballroom of the Hotel Carolina, Pinehurst, at 10:15 o'clock a. m. and was called to order by the President, Dr. O. C. Barker.

OFFICERS OF THE SOCIETY

K. L. JOHNSON, *Vice-President*

C. W. SANDERS, *Secretary-Treasurer*

F. O. ALFORD

C. C. POINDEXTER

Z. L. EDWARDS

SANDY MARKS

JOHN R. PHARR

A. C. CURRENT

RALPH COFFEY, *President*

W. D. YELTON, *Secretary-Treasurer*

S. E. MOSER

R. PHILLIP MELVIN, *President*

W. C. TAYLOR FOR J. D. KISER, *Secretary*

R. R. HARRELL

W. B. SHERROD

F. W. KIRK

J. T. LASLEY, *President*

F. E. GILLIAM, *Secretary*

R. A. WILKINS

W. HOWARD BRANCH, *President*

THOMAS M. HUNTER, *Secretary*

W. L. McRAE

S. L. BOBBITT

G. L. OVERMAN, *President* (J. F. DUKE substituted?)

PAUL JONES

PAUL FITZGERALD

CHARLES JOHNSON

Secretary Sanders:

Mr. President, you have a quorum.

President Barker:

Is there any unfinished business?

Dr. E. M. Medlin:

I have a belated membership report here, Mr. President. I wanted to wait for the final returns at the meeting. The report shows a total membership of 716, which I believe will allow us a fifth delegate to the American Dental Association. I ask the Secretary to check that.

Report of Membership Committee read.

REPORT OF THE MEMBERSHIP COMMITTEE

Your Membership Committee wishes to submit the following statement:

	<i>Districts</i>				
	<i>1st</i>	<i>2nd</i>	<i>3rd</i>	<i>4th</i>	<i>5th</i>
Members in good standing	171	170	124	131	120
Members subjected to suspension	0	0	1	1	0
Members reinstated	1	0	0	0	1
New members	3	23	6	3	12
Total members					
Subject to suspension					
Total reinstated					
Total new members					

Respectfully submitted,

J. D. KISER
W. D. YELTON
F. E. GILLIAM
T. M. HUNTER
S. C. MARKS
E. M. MEDLIN, *Chairman*

President Barker:

Thank you, Dr. Medlin, for that fine report.

Is there any further business?

Dr. Clyde Minges:

If reports are in order at this time I should like to make a report for the Entertainment Committee.

President Barker:

We shall be glad to hear it.

Dr. Minges:

I desire particularly to thank the Entertainment Committee. They all did a beautiful job. They attempted to get in contact with every visitor, whether he be large or small. He was met at the desk and helped to register, and then all these members attempted to see this man at least three times each day and ask if we could do anything for him. Personally, I think that is not a bad idea. Back in Elizabeth City, if I recall, I was responsible for having this idea originated. Nothing makes a man who is away from home feel quite so good as to know that others are interested in his comfort and welfare. I wish to thank all the members of the Entertainment Committee for their help, and particularly thank Charles Eatman and Ed Eatman for the magnificent work they did as extra members of the Committee.

President Barker:

Thank you, Doctor. We think the Committee did a fine job.

Do I hear a motion to accept this as the report?

Motion to accept; seconded; carried.

President Barker:

Are there any further reports or any business of any kind?

Dr. Thomas Hunter:

Yesterday there was some confusion in bringing up two names from the Fourth District for retirement. I desire to bring up the name of Dr. S. R. Watson at this time, for retirement. I do not know whether it is necessary, or not, but I think it would be wise to incorporate that in the Proceedings.

The President:

Do you make a motion?

Dr. Hunter:

I move that Dr. S. R. Watson be carried as retired.

Motion seconded and carried.

Dr. Pridgen:

I have the report of the Committee on the President's Address, which I should like to read.

President Barker:

Very well.

Report read.

REPORT OF COMMITTEE ON THE PRESIDENT'S ADDRESS

We wish to commend the President on his very able and thought-provoking address and his coverage of the activities of the Society, as well as of the national and local problems confronting us. We heartily concur in the four recommendations which he has made and recommend their adoption.

Respectfully submitted,

D. L. PRIDGEN
PAUL E. JONES
A. C. CURRENT

Motion to accept report; seconded and carried.

President Barker:

Are there further reports, or is there any business of any nature to come before the House of Delegates?

Dr. Wilbert Jackson:

I have the reports of the Horace Wells Centenary Committee and of the Professional Relations Committee. I move that they be read by title and published in the Proceedings.

President Barker:

Without objection, that may be done. I hear no objection, and it is so ordered.

REPORT OF THE HORACE WELLS CENTENARY COMMITTEE

Your Committee has seen fit to coöperate with the like committee from the American Dental Association. In addition to our last report, there has been a meeting held by the officers and men of Camp LeJeune, N. C., to commemorate the great work done by Horace Wells.

The officers and members of the Charlotte, N. C., Dental Society held a like meeting, at which time the work of Horace Wells was given due honor.

Since the year has passed in which the work done by Horace Wells was to have been commemorated, it is suggested that the work of the Committee be considered complete and the Committee discharged.

Respectfully submitted,

WALTER MCFALL
PAUL JONES
H. O. LINEBERGER
A. W. CRAVER
WILBERT JACKSON, *Chairman*

REPORT OF THE PROFESSIONAL RELATIONS COMMITTEE

Your Committee is happy to report that during the past two years there has not been any complaint registered against any individual or concern interested in the practice of dentistry in North Carolina.

S. P. GAY
A. V. CARVER
J. A. MCCLUNG
R. M. OLIVE
B. MCK. JOHNSON
WILBERT JACKSON, *Secretary*

President Barker:

Is there anything else? If not, a motion will be in order to adjourn the House of Delegates, after which we will go into general session.

Dr. Frank Kirk:

I move that the House of Delegates now adjourn.
Motion seconded.

President Barker:

Without objection it is so ordered.
Thereupon the House of Delegates adjourned.

GENERAL SESSION

WEDNESDAY MORNING, MAY 8, 1946

The final general session of the North Carolina Dental Society's Ninetieth Annual Meeting convened in the ballroom of the Carolina Hotel, Pinehurst, at 10:30 a. m. Wednesday, May 8, 1946, with the President, Dr. O. C. Barker, presiding.

President Barker:

The general session will now be in order.

Dr. Clyde E. Minges:

Mr. President: I ask that you recognize Dr. Hillenbrand, who has a statement which I think will be of interest to us.

President Barker:

Dr. Hillenbrand, we shall be glad to hear from you.

Dr. Harold Hillenbrand:

There are two things that I should like to say, Mr. President. The first is that I wish I could stay longer, but I must get back.

I received word yesterday that Mr. Lewis' coal strike has closed down our printing presses and that they are running only two days a week, so I do not know when the next issue of *The Journal* will be out. The second thing I want to say is that I do appreciate the hospitality which has been extended to me and to Mrs. Hillenbrand. We have been treated very hospitably, and I am delighted to have been here and hope some day to come back. (Applause.)

President Barker:

Thank you, Dr. Hillenbrand.

Gentlemen: So far as I know there is nothing to come before this session except the installation of the new officers.

I ask Dr. Howard Branch to escort our new President to the platform.

Erbie Medlin, after many years of faithful and efficient work for the North Carolina Dental Society, you are not only well qualified to fill the highest office in our Society but you rightly deserve this honor. During my administration you pinch-hit for me many times. I appreciate that very deeply, and I hope there will be something which I can help you to do during your administration. I know that you will make us a wonderful President. I take great pleasure in placing in your hands this gavel, the symbol of authority, and I now declare you the President of the North Carolina Dental Society.

President E. M. Medlin:

Fellow members of the North Carolina Dental Society, I certainly appreciate the kind words which were said about me by Dr. Barker. It is always a privilege to follow a good man. There has never been any association in my life which has been more enjoyable and more pleasant than that with Dr. Barker. In my opinion he has made us one of the best Presidents this Society has ever had. His sincerity and his loyalty merit the high regard and esteem in which he has been held by the membership as a whole.

Dr. Martin Fleming said that one reason for electing a President a year ahead is that he could have his committee list for the following year ready to read. I know of another good reason, particularly, if a man has served as Secretary-Treasurer, except that it gives him a year of respite and rest. Going into the

office of President immediately after serving three years as Secretary of this organization would just about finish a fellow off, but being made President-elect gives him a year. I have had two years of more or less respite from organizational work, but I have during those two years tried to be alert to the problems of dentistry in this postwar world we are in, and I hope my administration can meet these problems in the best manner possible. It will be necessary for us to have the help and co-operation of every member of this Society.

Just to mention three or four things in which I am particularly interested, one is the proper recognition of dentistry in the health picture of our country. Occasionally, when a health organization is set up like the one we have started in this state, when reading of it in the papers we do not see that any dentist is connected with the organization.

I hope that my administration can be of every possible aid to returning veterans, and I hope that we can enlarge the service to our other members.

Another thing in which I have always been interested is smooth running in the operations of the state dental organization. Back in the old days when we had one-cylinder cars it was nice from one standpoint, because if there was anything wrong we knew exactly which cylinder it was. I consider the North Carolina State Dental Society an eight-cylinder machine—the five districts, the state society officers, the Board of Examiners, and *THE BULLETIN*; and I hope to see the closest possible coöperation between all these. There is the finest spirit in this body I have ever seen, and I want to see that continued. I want to consider you all as my friends, and it is said that a true friend will do anything you call upon him to do. I am looking to you for help during my year as President, in order to carry on the great traditions of this Society.

We will now go into the business of the hour, which is the installation of our new officers. The first is President-elect Bob Olive. Dr. Fred Hale and Dr. Sam Towler, will you escort Bob Olive to the stand?

Dr. Olive, it is a great pleasure for me to install you as President-elect of the North Carolina Dental Society. I have been a neighbor of yours for a good many years and have watched your work and know something of your qualifications, and I know that you will carry on in this position to which you have

been elected in the highest sort of way. It is going to be a great pleasure for me to have you to work with during the year.

President-elect R. M. Olive:

Thank you, Erbie. As Dr. Medlin said, gentlemen, we live in small towns and are good neighbors. I want to thank you members of the Society and to assure you that with your help I will do the best I can.

President Medlin:

The next officer to be installed is the Vice-President, Dr. Marcus Smith. Paul Fitzgerald, will you get Marcus up here to the platform, please?

Marcus, I am very happy to install you as Vice-President of this organization. You know, gentlemen, Marcus is another neighbor of mine; he is closer than Bob. He is down at Raeford, which is only sixteen miles away. I am looking forward to your working with me, Marcus. You are following in the footsteps of a Vice-President who has been more active than any I can remember our having. I plan to place certain duties upon you, making you possibly an *ex officio* member of some of the committees. You are close by, and I look forward to working with you during the year.

Vice-President Marcus R. Smith:

Thanks a lot, Erbie. Gentlemen, I pledge you my very best. I appreciate this high honor.

President Medlin:

Next in order is the installation of the Secretary-Treasurer. I do not know of anything that gives me more pleasure and joy—possibly from a selfish motive to a great extent, but for the benefit of the Society also—than to have Dr. Sanders as our Secretary-Treasurer for his third term. I have watched him work, and I think he is one of the best Secretaries we have ever had. I am particularly appreciative of the fact that I have such a good officer, and a man who had had the experience you have had, Dr. Sanders, and I am proud to have you as my assistant during the year.

Dr. Sanders rose and bowed. (Applause.)

President Medlin:

Speech!

Secretary-Treasurer C. W. Sanders:

Mr. President and Members of the North Carolina Dental Society: It is useless for me to say that I appreciate this honor. I really do, from the depths of my heart. When I look back over the proceedings and records of the past secretary-treasurers of this organization, of such men as Paul Fitzgerald, Roy Pridgen, and Erbie here, I realize what a task I have to measure up to the services which these men have given to the North Carolina Dental Society. It is needless for me to say what I have done and what I will do, because these programs speak for themselves.

I appreciate the splendid coöperation you have given me during the past few years. In the coming term I hope to do better. With a man like Erbie Medlin at the head I see no reason why we should not have one of the best years the North Carolina Dental Society has ever experienced. I may call upon you from time to time to assist me, and I am sure that you will respond as ever before. I pledge you my best to serve you.

President Medlin:

Next are the new members of the Board of Examiners. Dr. Alford, will you stand? Is Dr. Clark here?

I want to say this word about these two men who are coming to the Board. We have lost two very fine men by retirement from the Board, Eddie Current and John Pharr, and I think we are very fortunate in having two excellent men to step in and take their places. Our Board is recognized all over the country as one of the best state boards in the Union, and if the State Board of Dental Examiners is not one of the most important cogs in the wheel of the State Dental Society I do not know what it is. They have to determine what type of men come into this state to practice dentistry.

Next are the delegates to the American Dental Association, Paul Jones and Wilbert Jackson. They are both succeeding themselves. Are Dr. Jackson and Dr. Jones in the room?

A Member:

Dr. Frank Alford, also.

President Medlin:

Dr. Jackson and Dr. Alford, will you stand?

What I have said about the State Board of Dental Examiners I think can be carried right on to our representatives in the American Dental Association, and we are happy to have such men as Dr. Jackson and Dr. Jones and Dr. Alford represent this Society.

Now the alternates—Dr. Poindexter, Dr. McRae, and Dr. Olive. Will those gentlemen stand?

Gentlemen: It is my pleasure and privilege to install you as alternate delegates to the American Dental Association meeting. I am sure that you will plan to go, as indicated last evening. Don't have such a good time down at Miami that if you are needed you will not be ready when called upon.

Is there any further business to come before the General Session? If not, I believe it is customary to read the committee assignments at this time. We have quite a long list of committees, in spite of the efforts of Clyde Minges to reduce it.

By action of the House of Delegates three new committees have been set up in place of the old Program-Clinic Committee, and it was necessary for me during this meeting to miss some of the scientific meetings in order to compile this list and have it ready by this time.

List of committees read.

NORTH CAROLINA DENTAL SOCIETY COMMITTEES

1946-1947

EXECUTIVE COMMITTEE

C. C. Poindexter (1949), *Chairman*

F. O. Alford (1947)

S. L. Bobbitt (1948)

PROGRAM COMMITTEE

J. D. Kiser, *Chairman*

W. H. Breeland

W. R. Hinton

Howard Branch

R. F. Hunt

CLINIC COMMITTEE

K. L. Johnson, *Chairman*

R. A. Wilkins

W. B. Sherrod

S. H. Steelman

Sandy C. Marks

EXHIBIT COMMITTEE

J. W. Branham, *Chairman*

Sam Shaffer

F. W. Kirk

W. I. Hart

David Abernathy, Jr.

ETHICS COMMITTEE

H. R. Chamblee, *Chairman*W. R. McKaughan
J. F. ReeceO. R. Hodgin
Darden Eure

LEGISLATIVE COMMITTEE

H. O. Lineberger (1950)
Paul Jones (1951)Z. L. Edwards (1947)
Fred L. Hunt (1948)

C. C. Poindexter (1949)

ADVISORY COMMITTEE

N. C. MEDICAL CARE COMMISSION

A. C. Current, *Chairman*W. E. Clark
John A. McLung
H. O. Lineberger
Paul JonesO. L. Presnell
A. T. Jennette
T. W. Atwood
G. Fred Hale, *ex officio*

PROSTHETIC DENTAL SERVICE COMMITTEE

F. O. Alford, *Chairman*Paul Jones
A. C. CurrentC. C. Poindexter
G. Fred Hale

RESOLUTIONS COMMITTEE

Clyde E. Minges, *Chairman*Paul Fitzgerald, Jr.
H. M. PattersonW. F. Clayton
J. C. Watkins

ORAL HYGIENE COMMITTEE

E. A. Branch, *Chairman*W. I. Farrell
J. G. PooleJohn R. Pharr
W. M. Matheson

W. H. Breeland

NECROLOGY COMMITTEE

J. S. Betts, *Chairman*A. S. Bumgardner
E. N. LawrenceHerbert Spear
I. R. Self

STATE INSTITUTIONS COMMITTEE

C. C. Poindexter, *Chairman*G. L. Overman
H. L. AllenE. L. Edwards
J. H. Guion

EXTENSION COURSE COMMITTEE

H. C. Carr, *Chairman*O. C. Barker
C. M. ParksJ. E. Swindell
B. R. Morrison

PUBLICITY COMMITTEE

Neal Sheffield, *Chairman*

Burke Fox	V. E. Bell
Walter McFall	A. W. Craver
L. M. Edwards, Jr.	

SOCIO-ECONOMICS COMMITTEE

G. A. Lazenby, *Chairman*

J. O. Broughton	R. R. Howes
W. T. Martin	C. I. Miller

THE N. C. DENTAL RELIEF FUND COMMITTEE

J. M. Fleming, *Chairman*

F. L. Hunt	J. S. Betts
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A. D. A. RELIEF COMMITTEE

PAUL FITZGERALD, *Chairman*

D. K. Lockhart	L. R. Thompson
J. F. Coltrane	J. R. Fritz

CLINIC BOARD OF CENSORS

J. R. Edwards, Sr., *Chairman*

John Hester	Dewey Boseman
J. M. Holland	L. H. Butler

POSTWAR PLANNING COMMITTEE

E. A. Branch, *Chairman*

D. B. Mizell	Henry V. Murray
Nat Maddox	J. H. Smith

ENTERTAINMENT OF OUT-OF-STATE VISITORS COMMITTEE

Ralph Jarrett, *Chairman*

J. A. Sinclair	C. D. Eatman
C. E. Minges	A. R. Stanford
Olin Owen	J. N. Johnson

SUPERINTENDENT OF CLINIC COMMITTEE

J. T. Lasley, *Chairman*

L. F. Bumgardner	W. W. Rankin
C. A. Pless	Paul Munsell

EDUCATION OF NEGRO DENTISTS COMMITTEE

C. A. Graham, *Chairman*

H. O. Lineberger	E. G. Click
Neal Sheffield	A. H. Fleming
L. J. Meredith	

PUBLICATIONS COMMITTEE

Ralph Coffey, *Chairman*

G. S. Alexander	A. L. Wooten
J. N. Caudle	S. B. Towler
J. F. Duke	

HOSPITAL DENTAL SERVICE COMMITTEE

Walter McFall, *Chairman*

Norman Ross	H. K. Thompson
G. E. Waynick	T. E. Sikes

MILITARY AFFAIRS COMMITTEE

P. B. Whittington, *Chairman*

H. O. Lineberger	David Tuttle
A. T. Jennette	Coyte Minges
B. N. Walker	J. E. L. Thomas

LIBRARY AND HISTORICAL COMMITTEE

J. M. Fleming, *Chairman*

Everett Smith	G. K. Patterson
L. G. Page	J. P. Bingham, Sr.
H. E. Nixon	

PUBLIC RELATIONS COMMITTEE

Z. L. Edwards, *Chairman*

J. S. Frost	J. L. Ashby
L. M. Massey	W. H. Parker

INSURANCE COMMITTEE

Harry Keel, *Chairman*

Guy R. Willis	H. A. Edwards
G. L. Hooper	S. E. Moser

CONSTITUTION AND BY-LAWS COMMITTEE

D. L. Pridgen, *Chairman*

F. O. Alford	Wilbert Jackson
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PROFESSIONAL RELATIONS COMMITTEE

R. R. Howes, *Chairman*

Wilbert Jackson	M. D. Bissette
Oscar Hooks	B. McK. Johnson
L. G. Coble	Phillip Melvin

DENTAL HYGIENIST COMMITTEE

M. H. Truluck, *Chairman*

M. E. Newton	R. L. Underwood
C. G. Lancaster	Carl A. Barkley

ADVISORY COMMITTEE N. C. D. HYGIENIST ASSOCIATION

Burke W. Fox, *Chairman*

Z. V. Kendrick	S. J. Finch
Charles Wadsworth	S. P. Gay
Charles B. Johnson	Fred S. Caddell

MEMBERSHIP COMMITTEE

R. M. Olive, *Chairman*

W. D. Yelton	F. E. Gilliam
J. D. Kiser	T. M. Hunter

Sandy Marks

ARRANGEMENT COMMITTEE

W. L. McRae, *Chairman*

Reid Garrett	A. D. Barber
F. H. Underwood	F. W. McCracken

A. A. McDuffie

ENTERTAINMENT COMMITTEE

George Herr, *Chairman*

Wilbert Jackson	D. L. Pridgen
John W. Menius, Jr.	B. W. Williamson

J. K. Hunt

GOLF COMMITTEE

L. M. Daniels, *Chairman*

C. D. Kistler	J. S. Spurgeon
George Kirkland	D. T. Carr

E. I. Eatman

HOUSING COMMITTEE

Marcus Smith, *Chairman*

E. N. Smith	C. E. Roberts
R. M. Olive	Roy G. Adams

Worth Byrd

President Medlin:

Is there any further business to come before the session?

Dr. F. O. Alford, Chairman Executive Committee:

Mr. President: I am rather embarrassed to bring this up at this time, but I have the report of the Executive Committee. We had a meeting this morning which we thought would take fifteen minutes, and it took about an hour, and I was invited to sit in. If there is no objection I should like to bring the report before the general session.

A Member:

I move that we hear it.

President Medlin:

Without objection it will be heard.

Report of Executive Committee read.

REPORT OF THE EXECUTIVE COMMITTEE OF THE
NORTH CAROLINA DENTAL SOCIETY

1946 ANNUAL MEETING, PINEHURST, N. C.

Your Executive Committee wishes to submit the following report:

We regret it was impossible, under existing circumstances, to hold our 1945 meeting. During the past two years your Committee held eight joint meetings with the Program Committee, the minutes of which are published in THE BULLETIN so we shall not make detailed report of these.

We wish to express our appreciation for the splendid work done by the officers and committees during the past two unusual years.

For election to honorary membership to the Society, the following names are recommended:

Rear Admiral A. G. Lyle

Dr. Harold Hillenbrand

Dr. Irwin T. Hyatt

Dr. H. Trendley Dean

Dr. Harold Golton

Respectfully submitted,

F. O. ALFORD, *Chairman*

C. C. POINDEXTER

Z. L. EDWARDS

President Medlin:

Gentlemen, you have heard this splendid report. What is your pleasure?

Motion to adopt; seconded; carried.

President Medlin:

Is there anything further to come before this meeting?

If not, I declare the Ninetieth Anniversary meeting of the North Carolina Dental Society adjourned sine die.

Whereupon final adjournment was taken, at 10:45 o'clock a. m., Wednesday, May 8, 1946.

REPORT OF THE SECRETARY-TREASURER OF THE NORTH CAROLINA DENTAL SOCIETY

June 10, 1946

The Officers and Directors
North Carolina Dental Society
Benson, North Carolina

Gentlemen:

We have examined the books and records of the North Carolina Dental Society, Benson, North Carolina, for the fiscal year ended May 31, 1946, and submit herewith our report, consisting of the following described statements and comments related thereto.

Exhibit A—Balance Sheet

Exhibit B—Statement of Cash Receipts and Disbursements

Schedule 1—Reconciliation of Bank Account

Cash on deposit was reconciled with bank statements on file. All receipts were traced into the society's bank account and all disbursements were found to be supported by paid invoices or other evidences of valid obligations.

The U. S. Treasury bonds were not available for inspection, but a letter on file dated June 3, 1946, and signed by the Cashier of the Benson, North Carolina, branch of the First Citizens Bank and Trust Company, certified that Dr. C. W. Sanders had exhibited these bonds made payable to the society.

Due to the fact that the society's books are kept on the basis of cash receipts and disbursements and no records of the membership have been made available to us, no provision has been made in the statements of this report for any membership dues which may be delinquent. Likewise, no liabilities are shown for any dues which may be payable to the American Dental Association or for services rendered to the society which might have been due and payable at May 31, 1946.

Respectfully,

(Signed) STRAND, SKEES AND JONES,
Certified Public Accountants.

NORTH CAROLINA DENTAL SOCIETY

DR. C. W. SANDERS, *Secretary-Treasurer*

BENSON, NORTH CAROLINA

BALANCE SHEET—MAY 31, 1946

ASSETS

Cash on Deposit	\$3,851.89
Investments (Cost) :	
\$5,000.00 U. S. Treasury Baby Bonds	\$3,750.00
\$3,500.00 U. S. Treasury Savings Bonds Series "F" ..	2,590.00 6,340.00
Total Assets	\$10,191.89

LIABILITIES AND NET WORTH

Liabilities	\$ —0—
Net Worth	10,191.89
Total Liabilities and Net Worth	\$10,191.89

RECEIPTS ENDING MAY 31, 1946

Membership Dues:	Annual	Life Members	Total
First District	\$ 1,756.00	\$ 98.50	\$ 1,854.50
Second District	1,668.00	204.00	1,872.00
Third District	1,380.00	167.00	1,547.00
Fourth District	1,044.00	179.00	1,223.00
Fifth District	1,062.00	132.00	1,194.00
Total	\$ 6,910.00	\$ 780.50	7,690.50
Sale of Exhibit Space			1,395.00
Listings on N. C. Dental Society Roster			10.00
Return of Expense Check			40.00
Refunds from American Dental Association			444.00
Total			9,579.50
Cash Balance—June 1, 1945			3,545.56
Total Receipts and Balance			\$13,125.06

DISBURSEMENTS

American Dental Association—Proportionate		
Annual Memberships	\$ 4,156.00	
Life Memberships	780.50	\$ 4,936.50
Expenses:		
Salary—Editor-Publisher	300.00	
Salary—Secretary-Treasurer	250.00	
Salaries—District Secretaries	125.00	
Dr. J. Martin Fleming—Relief Fund ...	400.00	
Drafting Dental Hygiene Bill	500.00	
Honorarium and Expenses—		
1946 Meeting	924.98	
Expense Local Arrangements		
Committees 1946 Meeting	521.76	
Stationery, Printing and Supplies	171.78	
Expense Necrology Committee	13.85	
Stenographic Services	130.00	
Telephone and Telegraph	84.76	
Fidelity Bonds	50.00	
Postage	44.45	
President's Medal	18.60	
Accounting	25.00	
Flowers	12.88	
Intangible Tax	3.11	3,576.17

Refunds to Members of Dues Overpaid	20.50	
Purchase of U. S. Treas. Savings Bonds	740.00	9,273.17
		<hr/>
Cash Balance, May 31, 1946		\$ 3,851.89

RECONCILIATION OF BANK ACCOUNT—MAY 31, 1946

First-Citizens Bank and Trust Company, Benson, N. C.		\$ 4,934.90
Less Outstanding Checks:		
114 American Dental Association	\$ 116.00	
144 Dr. Erwin Hyatt	130.00	
151 Lt. R. W. McKee, Jr.	20.00	
167 American Dental Association	138.00	
168 American Dental Association	30.00	
169 American Dental Association	96.00	
170 Carolina Orchid Gardens	12.50	
171 American Dental Association	168.00	
172 Dr. W. M. Matheson	13.85	
173 Edwards and Broughton Company	85.00	
174 American Dental Association	90.00	
175 R. W. Madry	64.25	
176 Edwards and Broughton Company	5.41	
177 American Dental Association	114.00	1,083.01
		<hr/>
Balance Per Books		\$ 3,851.89

ROSTER OF MEMBERS ATTENDING MEETING

1946

FIRST DISTRICT

A. D. Abernathy	W. J. McDaniels
G. S. Abernathy	Alice P. McGuire
O. C. Barker	H. S. McGuire
M. R. Barringer	O. L. Moore
E. N. Biggerstaff	S. E. Moser
A. V. Boyles	W. H. Parker
W. H. Breeland	C. M. Peeler
G. H. Carrell	J. C. Phillips
W. E. Clark	H. E. Plaster
Ralph Coffey	H. S. Plaster
E. W. Connell	C. A. Piess
D. S. Cook	J. E. Pruett
A. C. Current	Joe Pharr
F. W. Davis	J. L. Raymer
E. L. Edwards	J. F. Reece
G. J. Evans	R. C. Rhea
C. B. Fritz	L. C. Rollins
J. R. Fritz	F. L. Self
H. D. Froneberger	I. R. Self
E. T. Glenn	S. H. Steelman
C. J. Goodwin	C. B. Taylor
J. E. Hair	P. R. Taylor
W. F. Hargrove	M. H. Truluck
C. H. Harrill	D. M. Tuttle
R. R. Hoffman	R. C. Weaver
R. R. Howes	C. T. Wells
E. D. Jones	J. L. Woody
A. A. Lackey	L. W. Woody, Jr.
J. A. Marshburn	P. P. Yates
W. M. Matheson	W. D. Yelton
W. J. Miller	J. L. Yelton
C. S. McCall	C. B. Yount
D. E. McConnell	J. F. Zachary

SECOND DISTRICT

G. S. Alexander	Chas. A. Blackburn
F. O. Alford	I. A. Bcoe
Dale Arthur	A. S. Bumgardner
J. L. Ashby	L. F. Bumgardner
Carl A. Barkley	Robert T. Byerly
Davis L. Beavers	Hylton K. Crotts
D. L. Belvin	Allen H. Cash
J. P. Bingham, Jr.	A. C. Chamberlain
J. P. Bingham, Sr.	E. G. Click
A. R. Black	L. C. Couch
V. A. Black	Vernon H. Cox

R. W. Crews
 W. Clyde Current
 Joe V. Davis, Jr.
 S. C. Duncan
 R. H. Ellington
 L. L. Ezzell
 W. L. Ezzell
 M. O. Fox
 Burke W. Fox
 Noah D. Fox
 J. B. Freedland
 Rosebud M. Garriott
 J. H. Guion
 R. B. Harrell
 J. F. Hartness
 C. Robert Helsabeck
 Ralph Herman
 Gary Heeseman
 Milo J. Hoffman
 Leslie C. Holhouser
 J. M. Holland
 R. H. Holliday
 P. C. Hull
 P. C. Hull, Jr.
 R. Nat Hunt
 A. E. Howell
 Wm. A. Ingram
 Ralph F. Jarrett
 Floyd G. Johnson
 O. L. Joyner
 H. L. Keel
 V. B. Kendrick
 Z. V. Kendrick
 F. W. Kirk
 J. D. Kiser
 A. R. Kistler
 G. A. Lazenby
 Edwin W. Lipe
 W. C. Logan
 J. A. McClung
 E. L. Martin
 Guy M. Masten
 Robert E. Masten
 R. Philip Melvin
 John W. Menius, Jr.

D. B. Mizell
 D. O. Montgomery
 Paul Moorefield
 E. Brown Morgan
 E. R. Motley
 Thomas G. Nisbet
 J. H. Nicholson
 Otis Oliver
 R. F. Overcash
 Olin W. Owen
 C. M. Parks
 R. M. Patterson
 F. N. Pegg
 J. C. Pennington
 John R. Pharr
 A. J. Pringle, Jr.
 Edgar H. Reich
 Grady L. Ross
 Haywood Ross
 Ralph Schmucker
 W. A. Secrest
 W. B. Sherrod
 R. R. Shoaf
 Wade Sowers
 R. E. Spoon
 S. H. Strawn
 C. F. Taylor
 Lois E. Taylor
 W. C. Taylor
 Harold Thompson
 C. L. Thomas
 L. P. Trivette
 R. D. Tuttle
 Bernard N. Walker
 L. E. Wall
 D. T. Waller
 J. C. Watkins
 G. E. Waynick
 Italy M. Waynick
 W. P. Weeks
 C. D. Wheeler
 T. P. Williamson
 G. W. Yokley
 J. W. Zimmerman, Jr.
 H. Stokes Zimmerman

THIRD DISTRICT

C. A. Adams, Jr.
 Roy G. Adams
 T. W. Atwood

J. S. Betts
 J. D. Bradsher
 Luther H. Butler

Fred S. Caddell
 Daniel T. Carr
 H. C. Carr
 James N. Caudle
 I. C. Clark
 W. F. Clayton
 L. G. Coble
 A. W. Craver
 L. M. Daniels
 C. D. Dawkins
 L. M. Edwards, Jr.
 L. M. Edwards
 J. H. Ellerbee
 D. H. Erwin
 W. I. Farrell
 H. K. Foster
 J. S. Frost
 John I. Gale
 C. A. Graham, Sr.
 R. T. Garrett
 F. E. Gilliam
 J. N. Hester
 G. G. Herr
 W. R. Hinton, Jr.
 R. H. Holden
 J. E. Holt
 J. H. Hughes
 Geo. F. Kirkland
 C. D. Kistler
 J. T. Lasley
 D. K. Lockhart
 H. S. Long
 S. H. McCall
 J. T. McCracken
 A. A. McDuffie
 J. A. McIntosh
 W. R. McKaughan
 Erbie M. Medlin
 C. I. Miller

H. W. Moore
 W. F. Mustin
 Walter Neal
 J. B. Newman
 M. E. Newton
 R. T. Nichols
 L. G. Page
 H. M. Patterson
 D. R. Pitts
 John E. Pleasants
 C. C. Poindexter
 O. L. Presnell
 W. A. Pressley, Jr.
 J. Ross Pringle
 A. P. Reade
 Norman F. Ross
 Thurman J. Ross
 S. W. Shaffer
 T. E. Sikes
 B. B. Shamburger
 Neal Sheffield
 J. S. Spurgeon
 A. R. Stanford
 C. N. Stone
 F. M. Stonestreet
 John Swaim
 C. H. Teague
 E. R. Teague
 F. H. Underwood
 J. T. Underwood
 R. L. Underwood
 P. B. Whittington
 R. A. Wilkins
 J. F. Williamson
 Robert G. Whitemore
 Guy R. Willis
 L. H. Zimmerman
 L. R. Zimmerman
 T. R. Zimmerman

FOURTH DISTRICT

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 Paisley Fields
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 Thomas M. Hunter
 Wilbert Jackson
 J. A. Jernigan
 K. L. Johnson
 Martin T. Jones, Jr.
 R. S. Jones
 J. H. Judd
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 Joseph H. Ligon
 Kemp Lindsay
 H. O. Lineberger
 E. V. McCord
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 L. J. Moore
 A. W. Nance
 Richard Noble
 R. M. Olive
 L. H. Paschal
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 D. L. Pridgen
 J. M. Pringle
 James F. Pruitt
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 A. C. Early
 C. D. Eatman
 E. L. Eatman
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 C. B. Johnson
 C. B. Johnson
 Paul E. Jones
 J. M. Kilpatrick
 C. G. Lancaster
 F. Elmer Lanche

M. M. Lilly
A. R. Mallard
Sandy C. Marks
M. B. Massey
L. J. Meredith
Clyde Minges
Coyte R. Minges
B. R. Morrison
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J. G. Poole
S. D. Poole
Jordan B. Powell, Jr.
W. T. Ralph
James H. Smith

Junius C. Smith
Thomas W. Smithson
C. A. Thomas
J. E. L. Thomas
R. L. Tomlinson
J. V. Turner
E. R. Warren
Ransey Weathersbee
A. P. Whitehead
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THE BULLETIN OF The North Carolina Dental Society

COMPONENT OF THE AMERICAN DENTAL ASSOCIATION



DISTRICT SOCIETIES

Vol. 30

OCTOBER, 1946
CHARLOTTE, N. C.

No. 2

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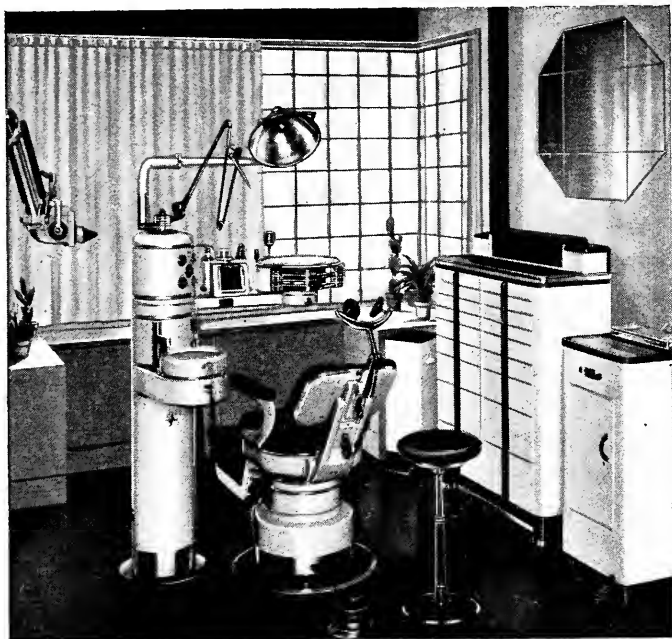
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DISTRICT PROGRAMS AT A GLANCE

FIRST DISTRICT

Langren Hotel
Asheville, North Carolina
October 6-7, 1946

SUNDAY

8:00 P.M. Business Meeting

MONDAY

9:00 A.M. Dr. John C. Specker
2:00 P.M. Dr. J. Stanley Jordan

SECOND DISTRICT

Charlotte Hotel
Charlotte, North Carolina
October 21-22, 1946

MONDAY

9:00 A.M. Registration
11:00 A.M. Dr. Stanley C. Brown
3:30 P.M. Table Clinics
8:30 P.M. Dr. Thomas L. Blair

TUESDAY

10:00 A.M. Dr. E. B. Nuttall

THIRD DISTRICT

Mid-Pines Club
Southern Pines, North Carolina
November 3-5, 1946

MONDAY

9:00 A.M. Registration
11:00 A.M. Dr. Richard L. Simpson
2:00 P.M. Table Clinics
4:00 P.M. Dr. O. Norris Smith

TUESDAY

9:00 A.M. Dr. Grover C. Hunter, Jr.

FOURTH DISTRICT

Sir Walter Hotel
Raleigh, North Carolina
October 28-29, 1946

MONDAY

8:00 P.M. Dr. Carlyle Campbell

TUESDAY

8:30 A.M. Registration
10:00 A.M. Dr. Hugh T. Hicks
11:00 A.M. Dr. O. W. Clough
11:30 A.M. Progressive Clinics
2:30 P.M. Table Clinics

FIFTH DISTRICT

Cherry Hotel

Wilson, North Carolina

October 27-28, 1946

10:30 A.M. Dr. R. E. Sturdevant

2:00 P.M. Dr. A. C. Current

2:45 P.M. Table Clinics



To

DR. PAUL FITZGERALD

Whose initiative has been an inspiration to the high
ideals and for the advancement of dentistry in
North Carolina. The sedateness of his
distinctive dignity leads great-
ness to his fellowship and
genial personality
among his host
of friends.

THE BULLETIN

—of—

THE NORTH CAROLINA DENTAL SOCIETY

(Component of the American Dental Association)

Vol. 30

OCTOBER, 1946

No. 2

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DR. R. M. OLIVE, President-Elect.....	Fayetteville
DR. M. R. SMITH, Vice-President.....	Raeford
DR. C. W. SANDERS, Secretary-Treasurer.....	Benson

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DR. S. L. BOBBITT (1949).....	Raleigh
DR. E. M. MEDLIN (ex-officio).....	Aberdeen
DR. R. M. OLIVE (ex-officio).....	Fayetteville
DR. C. W. SANDERS (ex-officio).....	Benson

EDITOR-PUBLISHER

DR. L. FRANKLIN BUMGARDNER	Charlotte
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A CALL TO THE COLORS

DR. R. M. OLIVE, Director of Districts



Dr. Olive

Maybe there was a time when a dentist could enjoy with safety the advantages and prestige of his profession without participating in the state or national organizations. But, certainly, that time is not now. Never in the history of our profession have there been such grave threats to its very existence. It is no longer safe for a single one of us to refuse membership in and support of the state and national organizations.

Consider, for example, attempts being made by persons in high position to secure legislation that would socialize the professions of medicine and dentistry. Are we willing to be pushed around by men who have little or no concern for us but think they know better than we do how our profession should be run? We have hardly been asked by them to voice our own opinions about matters to which we are devoting our talents and our lives. A strong organization is essential both to the members of our profession and to the best interests of the people we serve.

District, state, and national organizations provide well planned programs for their meetings for the instruction of all their members, young and old. However much we may know about our profession, something may be learned always from the other fellow. An exchange of ideas from year to year enables us to pick up some good points that help us greatly in our daily job. Not the least of the benefits derived from such meetings is the fine fellowship we enjoy with hundreds of other people engaged in the same sort of work we are doing. However well prepared any one of us may be for our profession, we need the stimulation of association with other dentists. Otherwise, we are likely to deteriorate as anything else does when it becomes static.

Organized labor, composed of many men of little education, has demonstrated the tremendous power of organization in political and economic affairs. While we seek power for no such purposes, we do need strength to overcome the constant menaces to our profession and to render to the public the best possible service.

We welcome into our organizations especially veterans of World War II. Their varied experiences in many parts of the world will be of value to all of us. We are anxious to know them and to share the benefits of what they have learned. We want them to know at the same time something about what we have been doing at home for organized dentistry and to maintain the high standards of our profession. Participation in professional organizations prepares one for greater efficiency in his profession.

FIRST DISTRICT



Dr. Ralph Coffey

OFFICERS

1945-46

DR. RALPH COFFEY, President.....	Morganton
DR. PAUL P. YATES, President-Elect.....	Lenoir
DR. H. M. MAY, Vice-President.....	Asheville
DR. W. D. YELTON, Secretary-Treasurer.....	Hickory
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Dr. W. K. Chopman

Dr. S. E. Moser

Program Committee

Dr. P. P. Yates, Chairman

Dr. Cecil Pless

Dr. W. M. Motheson

Dr. Walter McFall

Dr. S. H. Steelman

Dr. J. F. Reece

**DR. JOHN C. SPECKER**

Graduate of the University of Pennsylvania, Dental School, 1930, Member of Staff of Justi Research Clinic, Member of American Academy of Plastics Research in Dentistry, Philadelphia County Dental Society, Pennsylvania Dental Society, and the American Dental Association.

Appears on program Monday, October 7th at 9:00 a.m. Subject: "Plastics In Full Denture Prosthesis."

DR. J. STANLEY JORDAN

Graduate of University of Pennsylvania 1932, Associate Professor in Crown and Bridge, University of Pennsylvania, Member of Seattle Dental Society, Washington State Dental Society and the American Dental Association.

Appears on program Monday, October 7th at 4:30 p.m. Subject: "Plastics in Crown and Bridge Construction".



PROGRAM
FIRST DISTRICT DENTAL SOCIETY

Langren Hotel
Asheville, North Carolina
October 6-7, 1946

SUNDAY, OCTOBER 6 1946

Registration

8:00 P.M. Meeting called to order by the President
Dr. Ralph Coffey, Morganton, N. C.

Invocation

President's Address

Dr. Ralph Coffey, Morganton, N. C.

Recognition of North Carolina Dental Society Officers

Introduction of Visitors

Minutes of Last Meeting

Treasurer's Report

Election of Officers

New Business

Report of Committees

MONDAY, OCTOBER 7, 1946

9:00 A.M. "Plastics in Full Denture Prosthesis"

Dr. John C. Specker, Graduate of the University of Pennsylvania, Dental School 1930, Member of Staff of Justi Research Clinic, Member of American Academy of Plastics Research in Dentistry, Philadelphia County Dental Society, Pennsylvania Dental Society, and the American Dental Association.

1:00 P.M. Luncheon

2:00 P.M. "Plastics in Crown and Bridge Construction"

Dr. J. Stanley Jordon, Graduate of University of Pennsylvania 1932, Associate Professor in Crown and Bridge, University of Pennsylvania, Member of Seattle Dental Society, Washington State Dental Society and the American Dental Association.

4:30 P.M. Business Session

Place of next meeting

Installation of Officers

Adjournment

WESTERN CAROLINA DENTAL SOCIETY ORGANIZED

BILL PARKER, District Editor

Good News From The Extreme Western Part of The State

Some of us thought we would have to discontinue our local Societies and Study clubs due to the War and such busy times, and some were temporarily suspended. Look what one group in the First District has done. I am giving you the letter as written by Dr. Patsy McGuire. It shows what can be done. Whoever put this into motion is due a lot of praise from the First District and organized Dentistry.

Letter from Dr. Patsy McGuire: "A local Dental Society was organized by the Dentists of Haywood, Jackson, Swain, Graham, Cherokee, Macon, and Clay counties in June 1942, and was named the Western Dental Society. Our membership at that time was eleven. Shortly the war claimed some of our members for the armed forces, but the ones at home carried on the organization and met faithfully once a month.

"We are now meeting regularly, alternating between Waynesville and Sylva. Our programs have been presented by members of our Society. For the August meeting, we are having a special clinician, Dr. Cyrus Sharp of Orlando, Florida. Our active membership now is seventeen." Dr. A. W. Bottoms, President, Dr. Patsy McGuire, Secy.-Treas.

Thank you Dr. McGuire. We wish the Western Carolina Dental Society every success. Let us hear from you again.

The First District and the Dental Profession congratulate the following who passed the North Carolina Board in April:

Dr. D. F. Horse, Kings Mt.	Dr. H. T. Boyles, Dallas	Dr. H. T. Swain, Marion
Dr. Harold Keener, Asheville	Dr. J. J. Hunt, Lattimore	Dr. C. C. Diercks, Morganton
Dr. R. T. Moore, Mount Holly	Dr. J. N. Hill, Murphy	Dr. R. B. Warlick, Gastonia
Dr. C. V. Abernethy, Forest City	Dr. W. S. Clayton, Brevard	

The Secretary-Treasurer reports:

Reinstated: Dr. Herbert A. Moss, Asheville

New Members: Dr. R. L. Paisley, Morganton; Dr. R. L. Hunt, Lattimore

Returned from service:

Dr. Sam Isenhower, Newton	Dr. Wm. Sloop, Crossnore	Dr. Rutin Selt, Lincolnton
Dr. Ralph Falls, Morganton	Dr. B. R. Webster, Newton	Dr. Eugene Shapiro, Asheville
Dr. David Tuttle, Gastonia	Dr. Harold McGuire, Sylva	Dr. L. C. Rollins, Canton
Dr. Jack Raymer, Shelby	Dr. Auburn Poovey, Hickory	
Dr. Edwin Plaster, Shelby	Dr. Fred Self, Lincolnton	

See you in Asheville October 6-7th.

SECOND DISTRICT

OFFICERS

1945-46

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DR. G. S. ALEXANDER, President-Elect.....	Kannapolis
DR. D. O. MONTGOMERY, Vice-President.....	Statesville
DR. J. DONALD KISER, Secretary-Treasurer.....	Charlotte
DR. WADE SOWERS, Editor.....	Lexington

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W. B. Sherrod
R. B. Harrell

Clinic Committee

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W. C. Current
Burke Fox

Dental Relief Committee

Hylton Cratts, Chm.
C. R. Helsabeck
W. F. Yelton

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O. B. Kirby
Robert T. Byerly

Local Arrangements Committee

Rolph Jarrett, Chm.
Z. Vance Kendrick
L. D. Arthur

Program Committee

Claude M. Parks, Chm.
F. O. Alford
Homer Guion
Bernard Walker
Vernon Cox

Necrology Committee

Amos Bumgardner, Chm.
J. Conrad Watkins
A. R. Kistler

Nominating Committee

John Ashley, Chm.
Burke Fox
O. R. Hodgins

Ethics Committee

John Pharr, Chm.
Guy Masten

Entertainment Committee

D. L. Belvin, Chm.
Homer Guion
Grady Ross

IN ANTICIPATION

DR. R. PHILIP MELVIN, President



Dr. Melvin

Now that the war clouds have been terminated for more than a year and most of our Military members are back with us, we can make this the nearest normal of any Second District meeting held since the fall of 1941. We each doubtless know that the last meeting of the North Carolina Dental Society which convened in Pinehurst last May was the best attended of any meeting ever staged by that organization. Yes, there were almost 500 North Carolina dentists registered at that meeting! It is therefore only reasonable to anticipate that our Second District Meeting to be held at the Charlotte Hotel, October 21 and 22, will also be the best yet seen. It will be fellows if we resolve to make it so.

Our program committee headed by Claude M. Parks has, after long and difficult labor, secured for us one of the finest and most interesting programs ever shown by our Society. We each owe these boys the interest of our 100 percent attendance as well as a lasting gratitude for their laborious efforts.

We who were not called upon to serve our country in a Military capacity have, along with our many other duties, a special responsibility at this time. It is our obligation to the boys who went to war and have now returned to help these fellows get relocated. More than at any other time in our professional existence we should now be "our brother's keepers" by assisting these boys in every measure possible. Their task is yet difficult and will be until they each become firmly reestablished in private practice. Most of all, we should see to it that each and every one of them, the new ones in our midst as well as those who were with us before the war, attend the District meetings this fall.

It is my sincere hope that we have all had both a profitable and pleasant summer season and now that the fall again rolled around, may we all come in on the harvest by attending the 1946 convention of the Second District North Carolina Dental Society at Hotel Charlotte, October 21 and 22nd, 1946.

I HOPE TO SEE YOU THERE!

DR. STANLEY C. BROWN

Graduate of the University of Michigan. Chief among his accomplishments is his ability as a pedodontist.

Appears on the program Monday, October 21, at 11:00 a.m. Subject: "Children's Dentistry".



DR. E. B. NUTALL

Baltimore, Maryland. Graduate of Baltimore College of Dental Surgery. Head of the Ceramics Department and Associate in the Crown and Bridge Department at the Baltimore Dental Surgery.

Appears on the Program Tuesday, October 22 at 10:00 a.m.

Subject: "Crown and Bridge Restorations"

PROGRAM

SECOND DISTRICT DENTAL SOCIETY

Hotel Charlotte

Charlotte, North Carolina

October 21-22, 1946

9:00 A.M. Registration—Hotel lobby

10:00 A.M. Opening Session

Meeting called to order by the president
Dr. R. Philip Melvin, Winston-Salem, N. C.Invocation—Dr. George D. Heaton
Pastor, Myers Park Baptist Church, Charlotte, N. C.Address of Welcome—Clarence O. Kuester
Secretary, Charlotte Chamber of CommerceResponse to the Address of Welcome—Dr. Glenn A. Lazenby
Statesville, N. C.

Recognition of Officers of the North Carolina Dental Society

President's Address

Dr. R. Philip Melvin, Winston-Salem, N. C.

Introduction of Visitors

Report of Necrology Committee

Dr. Amos Bumgardner, Chairman, Charlotte, N. C.

Receiving Applications for Membership in District and State
Societies

11:00 A.M. "Children's Dentistry"

Stanley C. Brown, D.D.S., Ithaca, Michigan. Graduated from the University of Michigan in 1920, and has returned for nine post graduate courses. He has appeared before dental societies in several states. Chief among his accomplishments is his ability as a pedodontist. He will show that the foundation of a successful practice is due largely to his devotion to dentistry for children.

SYNOPSIS: (1) Dentist and Assistant.

(2) Education—community, schools, parents.

(3) Child Management.

(4) Office management (including economics).

12:30 P.M. Lunch

2:00 P.M. Open Forum

A round-table discussion with questions and answers coming from the floor. Prepare your questions for this discussion and present them to the forum.

3:30 P.M. Table Clinics

"Copper Plating Technic"

Dr. Vance Kendrick, Charlotte, N. C.

"Acrylic Eyes"

Dr. T. G. Nisbit, Charlotte, N. C.

"Vacuum Investment Technic"

Dr. J. Wm. Heinz, Charlotte, N. C.

"Models Showing Some Cases of Malocclusion in Mixed Dentitions which Should Be Corrected"

Dr. A. H. Cash, Charlotte, N. C.

"The Treatment of the Dental Pulp"

Dr. David L. Beavers, Winston-Salem, N. C.

"Subjects Having to do With Oral Surgery"

Dr. Hylton K. Crotts, Winston-Salem, N. C.

6:30 P.M. Banquet

8:30 P.M. "Oral Surgery"

Thomas L. Blair, D.D.S., Winston-Salem, N. C. Graduated, University of Pittsburgh, 1930. In general practice ten years, practice limited to Exodontia and Oral Surgery three years before entering the Army Dental Corps from which he was recently discharged.

9:30 P.M. Business Session

Election of Officers

Selection of meeting place

TUESDAY, OCTOBER 22, 1946

10:00 A.M. "Crown and Bridge Restorations"

E. B. Nutall, D.D.S., Baltimore, Maryland. Graduated from the Baltimore College of Dental Surgery in 1931. Head of the Ceramics Department and Associate in the Crown and Bridge Department at the Baltimore College of Dental Surgery.

11:30 A.M. Business Session

Installation of Officers

Adjournment

DR. J. C. WATKINS PROFESSOR AT BOWMAN GRAY

DR. WADE SOWERS, District Editor

On June 8, 1946, Dr. John W. Zimmerman, Sr., of Salisbury, N. C., died at his home. Dr. Zimmerman was an excellent dentist, a loyal member of the Second District Dental Society, The North Carolina Dental Society, and the American Dental Association. He was benevolent to mankind and a follower of the highest Christian ideals. To his family our deepest sympathy.

Dr. John W. Zimmerman, Jr., who served as Captain in the Pacific Theatre of War is practicing in Salisbury. John, we know that you will carry on the work of your distinguished father.

To the men of our profession who were in military service: We welcome you to civilian life. We are grateful for your sacrifice and heroic services. I regret that I do not have a record of each dentist for I would like to list each man in this Bulletin.

J. C. Watkins, B.A., L.L.B., D.D.S., and S.c.D. is Professor of Dental Medicine of Bowman Gray School of Medicine, Wake Forest College, and in addition, he is as active in the practice of dentistry as any dentist in our District.

We welcome to our Society, Thomas L. Blair, B.S., D.D.S., of Winston-Salem, N. C. Dr. Blair is limiting his practice to oral surgery and exodontia. Dr. Blair is an excellent operator and possesses a thorough knowledge of oral pathology.

Dr. James P. Bingham, Jr. of Lexington, N. C., who served with the rank of Captain in the Italian Campaign is associated with his father in the general practice of dentistry. William Bingham, M.D., the second son of Dr. James P. Bingham, Sr., received his degree recently from Bowman Gray School of Medicine and his daughter, Miss Barbara Bingham, received the B.S. Degree from Wake Forest College in June. She will enter the Bowman Gray School of Medicine this fall. Congratulations to a very fine family.

Dr. and Mrs. Frank W. Kirk of Salisbury, N. C., were visitors in Lexington, June 23, 1946. Dr. Kirk's youngest son is a dental student at Northwestern University.

Dr. G. A. Lazenby's son recently graduated from the School of Dentistry of the Medical College of Virginia.

Dr. R. R. Shoaf of Lexington, N. C., occupies the same office which he had before entering the Military Service. Dr. Shoaf was promoted to Captain.

Dr. Alfred P. Hartman of Winston-Salem, N. C., closed his office due to ill health. I understand that Dr. Hartman has improved. Dr. Hartman is an outstanding dentist and his honesty and ideals are far beyond the average. We wish for Dr. Hartman a speedy recovery.

Dr. R. E. Spoon, Jr., formerly a Captain in Military Service, was recently discharged. We wish the best for you, Riley. Your father was one of North Carolina's outstanding dentists.

THIRD DISTRICT

OFFICERS

1945-46

DR. J. T. LASLEY, President.....	Greensboro
DR. R. L. UNDERWOOD, President-Elect.....	Greensboro
DR. R. H. HOLDEN Vice-President.....	Durham
DR. F. E. GILLIAM, Secretary-Treasurer.....	Burlington
DR. J. N. CAUDLE Editor.....	Greensboro

House of Delegates

Dr. W. R. Hinton
Dr. R. A. Wilkins

Executive Committee

Dr. R. A. Wilkins
Dr. D. T. Carr
Dr. C. C. Poindexter

Alternates

Dr. H. V. Murray
Dr. Reid Garrett
Dr. Sam Shaffer
Dr. Dan T. Carr

A CHALLENGE

DR. J. T. LASLEY, President



Dr. Lasley

The Third District was host to the North Carolina Dental Society at Pinehurst in May. That was the largest attended meeting on record, and a great success from both the educational and social standpoint (for those who found a place to stay).

We are expecting the largest attendance record of our district this fall, and for this reason you should make reservations as soon as possible.

The Officers and Program Committee started last fall to make plans for this meeting. During the year we have had five meetings and have finally worked up a program which we think is well balanced. We have also arranged this program so there will be plenty of time for both business and pleasure.

To the new members of this District we especially urge you to attend. On your shoulders rests the future of dentistry, and to make that future secure there is much hard work ahead.

This is a challenge to us and we must meet that challenge by as near 100% membership as possible. If you have a non-member in your community who is worthy of membership please urge him to join.

Since the close of hostilities there has been a clamor in our Country for everyone to improve his position in life by asking more pay and better living conditions, and to those who were well organized, they have gained their point. I am only using this as an example of what unity means. Don't get the idea that I am even hinting at unionizing dentistry.

We are looking forward to seeing the returned Veterans who have sacrificed much for their country. The Dental Corps Officers in our society will play an important role in charting the future course of Dentistry.

During 1946, the officers of your society have had additional work and responsibility brought about by the fight in Congress over the Wagner-Murray-Dingell Health bill, and I wish to thank each and everyone who helped in this undertaking. The work of our society and all other component societies through the A.D.A. undoubtedly bore fruit as the American Dental Association bill was passed last month by the Senate. This gave the Wagner bill a temporary setback, but at an opportune time they will begin to fight back at organized dentistry.

This is why I am urging a strong and alert society in order that we will be able to cope with the vast social and economic change which will be confronted in the post war years ahead.

We cannot depend on the general public for any organized support against Socialized Dentistry as this has been proven by a rebuttal of our efforts to obtain editorials in support of our fight against the Wagner bill.

In conclusion, I would like to prove my contention by the following quotation from an editorial entitled "Teeth" taken from one of our State's leading publications.

"Teeth are what too many people see their dentist about irregularly; they wait until any visit to his office is pains taking. That may be explained, however, by the circumstance that they simply lack the nerve until it is exposed. A dentist's office, incidentally, is a place where you get new teeth and old magazines and where you are told to open your mouth wider and wider until the aperture is as big as the cavity felt when you stuck your tongue into it.

"Having your teeth extracted as you grow older hurts lots more than back in the days when you did the pulling at home with a string and a doorknob. But that's to be expected as the roots now go right on down into your pocket-book."



DR. RICHARD LEE SIMPSON

University of Virginia, Graduate of Medical College of Virginia, School of Dentistry. Associate Professor of Crown and Bridge Prosthesis and Metallurgy.

Appears on program Monday, November 4, at 11:00 a.m.

Subject: "Fixed Bridge Prosthesis".

DR. GROVER C. HUNTER, JR.

Received A.B. and D.D.S. degrees at Emory University. In 1940-41 held a Carnegie Research Fellowship at the University of Illinois where he received the M.S. degree in dentistry.

Appears on program Tuesday, November 5, at 9:00 a.m.

Subject: "Success vs. Failure in Silicote Restorations".





DR. O. NORRIS SMITH, M. D.

Dr. Smith is a graduate of Washington and Lee University and of the University of Pennsylvania Medical School, a Fellow of the American College of Physicians, and President of the Greensboro Academy of Medicine.

Appears on program Monday, November 4 at 4:00 p.m.

PROGRAM
THIRD DISTRICT DENTAL SOCIETY

Mid-Pines Club
Southern Pines, North Carolina
November 3, 4, 5, 1946

SUNDAY, NOVEMBER 3, 1946

10:00 A.M. Golf-Tournament at Mid-Pines Club. Scores are to be turned in by 7:00 P.M. to compete for prizes.

MONDAY MORNING, NOVEMBER 4, 1946

9:00 A.M. Registration—Lobby of Hotel

10:00 A.M. Opening Session

Invocation—Rev. F. Craighill Brown, Rector
Episcopal Church, Southern Pines, N. C.

Address of Welcome—L. V. O'Callaghan, Mayor
Southern Pines, N. C.

Response to Address of Welcome—H. C. Carr, D.D.S.
Durham, N. C.

President's Address
Dr. J. T. Lasley, Greensboro.

11:00 A.M. "Fixed Bridge Prosthesis"

Richard Lee Simpson, D.D.S. University of Virginia, Graduated from the Medical College of Virginia, School of Dentistry, in 1935, and has been associated with the Departments of Crown and Bridge Prosthesis and Metallography for the past eleven years. At present, Associate Professor of Crown and Bridge Prosthesis and Metallography.

SYNOPSIS: The diagnosis; butments; preparations; choice of attachments and pontics; the soldered bridge; cementation; and maintenance.

1:00 P.M. Lunch

MONDAY AFTERNOON, NOVEMBER 4, 1946

2:00 P.M. Table Clinics

"Surgical Removal of Third Molars Impactions and Care"
R. W. Brannock, D.D.S., Burlington, N. C.

"Reduction of Mandibular Fractures by Various Splinting Methods"
John T. Bell, D.D.S., Durham, N. C.

"Technique of Soldering Partials, both Gold and Stainless Steel, using Gold and Soft Solder"

L. M. Daniels, D.D.S., Southern Pines, N. C.

"Fixed Movable Bridge Appliances, Acrylic, Pontics, Indications and Contradictions"

N. R. Callaghan, D.D.S., High Point, N. C.

"Middle Third Fractures of the Face"

P. B. Whittington, Jr., D.D.S., Greensboro, N. C.

"Periodontia"

George F. Kirkland, D.D.S., Durham, N. C.

"Root Canal Therapy"

M. L. Cherry, D.D.S., Durham, N. C.

"Retention of the Deciduous Molar"

H. M. Hunsucker, D.D.S., Greensboro, N. C.

"Three Quarter Crown for Bridge Abutments"

H. V. Murray, D.D.S., Burlington, N. C.

"Reinforced Synthetic Porcelain Filling Restoring Incisal Angles of Anterior Teeth"

L. M. Edwards, Jr., D.D.S., Durham, N. C.

4:00 P.M. "Penicillin Therapy"

O. Norris Smith, M.D., F.A.C.P., graduate of Washington and Lee University and the University of Pennsylvania Medical School, Fellow of the American College of Physicians and President of the Greensboro Academy of Medicine.

SYNOPSIS: This paper will present in general the indications, limitations, dosage, and effective administration of penicillin, and in particular its usefulness and adaptability to dentistry.

6:30 P.M. Banquet—Mid-Pines Club

Entertainment and announcements

TUESDAY MORNING, NOVEMBER 5, 1946

9:00 A.M. "Success vs. Failure in Silicate Restorations"

Demonstration: "A Technique for Placing Silicate Restorations"
Grover C. Hunter, Jr., D.D.S., M.S. Received A.B. degree at Emory University in 1936, and D.D.S. in 1940. In 1940-41 held a Carnegie Research Fellowship at the University of Illinois where he received the M.S. degree in dentistry. Since 1941 he has been teaching at the Emory University School of Dentistry in a full-time capacity.

SYNOPSIS: The discussion will center on why silicates fail and will include an analysis of the faults in technique which lead to improper shades, chipped margins, shrinkage, loosening, porosity, and discoloration of the finished filling. In the demonstration emphasis will be placed on such phases of the technique as the selection of the shade, cavity preparation, consistency of the mix, the application of the silicate to the cavity, the adaptation of the matrix, and the polishing of the restoration.

11:00 A.M. Business Meeting

Election of Officers

Installation of Officers

12:00 Noon Adjournment



GRATITUDE

DR. F. E. GILLIAM, Sec.-Treas.

During the past three years it has been my privilege to serve as Secretary Treasurer of the Third District Dental Society. It has been with a genuine feeling of pride in the men composing the membership of this district; also, the officers of the North Carolina Dental Society. It has never been my privilege to work with a finer group of men.

I greatly appreciate the confidence you put in me and the opportunity for service this office affords.

Most of our members that served in the armed forces of our country have returned. We welcome you back, each and every one. We are proud of your record of service, your contribution and sacrifice.

Your Program Committee, your Arrangement Committee and Table and Clinics Committee have worked hard in planning toward a well rounded program for our District Meeting, that should be well worth your time.

Plan now to attend the Third District Meeting at Mid-Pines Club, Southern Pines, on November 3, 4, and 5.

FOURTH DISTRICT

OFFICERS

1945-46

DR. W. HOWARD BRANCH, President	Raleigh
DR. J. WALTON BRANHAM, President-Elect	Raleigh
DR. T. L. YOUNG, Vice-President	Raleigh
DR. THOMAS M. HUNTER, Secretary-Treasurer	Henderson
DR. S. B. TOWLER, Editor	Raleigh

House of Delegates

Dr. W. L. McRae
Dr. S. L. Bobbitt

Alternates

D. E. L. Smith
Dr. J. R. Edwards
Dr. F. W. McCracken
Dr. S. R. Horton

A SPECIAL INVITATION

DR. W. HOWARD BRANCH, President



Dr. Branch

The Fourth District Dental Society will hold its twenty-sixth annual meeting at the Sir Walter Hotel in Raleigh, on October 28th and 29th.

The meeting will begin at 7:00 P.M. on October 28th with a banquet, to which the ladies are cordially invited. We hope that a large number of them will honor us with their presence.

Our Program Committee has been very fortunate in securing outstanding men to appear on the program during this meeting. You will find all of these men most informative and interesting. Their subjects for discussions cover a very broad field—covering the life of a tooth from the beginning to the end and then—artificial dentures.

Our Committees have worked hard and faithfully in trying to make this one of the best meetings we have ever had. Show your appreciation for their untiring efforts by a record breaking attendance. Close association results in close fellowship. Make plans now to attend your meeting. Write for hotel reservations. Invite your neighboring dentist to come with you, especially if he is an ex-service man. We will feel honored to have 100% attendance of all Veteran dentists in our district.

DR. HUGH T. HICKS

Assistant Professor of Periodontology, Baltimore College of Dental Surgery, Dental School, University of Maryland. Periodontist, University Hospital, Fellow American College of Dentists, Member of American Academy of Periodontology, Certified by American Board of Periodontology, Member of the Academy International Medicine and Dentistry.

Appears on program Tuesday, October 29, 10:00 A.M. Subject: "Periodontal Disease-Diagnosis and Treatment".



DR. O. W. CLOUGH

Richmond, Virginia. Associate Professor of Operative Dentistry and Oral Anatomy, Medical College of Virginia, School of Dentistry, Received B.S. and D.D.S. from Dalhousie University, Nova Scotia and M.S. in Bacteriology from University of Rochester.

Appears on program Tuesday, October 29, at 11:00 A.M. Subject: "Caries Control".



PROGRAM

FOURTH DISTRICT DENTAL SOCIETY

Sir Walter Hotel

Raleigh, North Carolina

October 28-29, 1946

MONDAY EVENING, OCTOBER 28, 1946

7:00 P.M. Banquet—Virginia Dare Ballroom

W. Howard Branch, D.D.S., presiding

8:00 P.M. "The Professional Man's Responsibility To His Community"

Dr. Carlyle Campbell, President, Meredith College,
Raleigh, N. C.

TUESDAY OCTOBER 29, 1946

8:30 A.M. Registration—Mezzanine

9:00 A.M. Meeting called to order by the President

Dr. W. Howard Branch, Raleigh, N. C.

Invocation—Rev. E. P. Brown

Associate Pastor First Baptist Church, Raleigh, N. C.

Minutes of the last meeting—Report of Secretary-Treasurer

President's Address

Dr. W. Howard Branch, Raleigh

Recognition of Officers of the North Carolina Dental Society

Introduction of Visitors

10:00 A.M. "Periodontal Disease—Diagnosis and Treatment"

Hugh T. Hicks, D.D.S., F.A.C.D., Baltimore, Maryland, Assistant Professor in charge of Periodontology, Baltimore College of Dental Surgery, Dental School, University of Maryland, Periodontist, University Hospital, Fellow American College of Dentists, Member of American Academy of Periodontology, Certified by American Board of Periodontology, Member of the Academy International of Medicine and Dentistry.

- SYNOPSIS:
1. Brief description of normal tissue.
 2. Early deviations from normal. Consideration of color-tone-attachment.
 3. Gingivitis from various etiologic factors.
 4. Pocket formation.
 5. Treatment of Gingivitis.
 6. Eradication of pockets.
 7. The newer drugs will be discussed.
 8. Correction of occlusion will be discussed.

11:00 A.M. "Caries Control"

O. W. Clough, D.D.S., Richmond, Virginia, Associate Professor of Operative Dentistry and Oral Anatomy, Medical College of Virginia, School of Dentistry, Graduate Dalhousie University, Nova Scotia, B. S. in 1929 and D.D.S. in 1932, M. S. in Bacteriology from University of Rochester in 1934.

SYNOPSIS: The etiology of dental caries; Methods of controlling dental caries; The method used at the Medical College of Virginia School of Dentistry.

11:30 A.M. Progressive Clinics:

"A Clinical Report and Suggested Refinements in Technique for Acrylic Resin Crowns and Fixed Bridges"

A. C. Current, D.D.S., Gastonia, N. C.

SYNOPSIS: Special emphasis will be placed upon past failures and the introduction of mechanical changes designed to eliminate them.

"Full Dentures"

Lucian G. Coble, D.D.S., Greensboro, N. C.

SYNOPSIS: Impressions. Obtaining vertical balance before securing horizontal centric. Checking centric with Gothic Arch Tracer after dentures are finished.

11:30 A.M. Section I—A. C. Current, D.D.S.

Section II—Lucian G. Coble, D.D.S.

12:15 P.M. Section II—A. C. Current, D.D.S.

Section I—Lucian G. Coble, D.D.S.

1:00 P.M. Lunch

2:00 P.M. Business Meeting

Report of Committees

Election of Officers

2:30 P.M. Table Clinics:

"Some Phases in Inlay Construction"

J. H. Edwards, D.D.S., Richmond, Virginia. Instructor in crown and bridge prothesis, Medical College of Virginia, School of Dentistry.

"Points of Diagnostic Interest in Orthodontics"

A. A. Phillips, D.D.S., Atlanta, Georgia.

"A Few Points on Gold Castings"

J. R. Edwards, Sr., D.D.S., and J. R. Edwards, Jr., D.D.S., Fuquay Springs, N. C.

"Every Day Oral Surgery"

C. D. Eatman, D.D.S., and E. L. Eatman, D.D.S., Rocky Mount, N. C.

"Full Cast Gold Crown"

Paul Fitzgerald, Jr., D.D.S., Raleigh, N. C.

4:00 P.M. Installation of New Officers

Adjournment

A FRIENDLY WELCOME

DR. S. B. TOWLER, District Editor

To those of you who left your homes to serve your country, we of the Fourth District extend a warm and friendly welcome as you return to your homes and your profession. We are happy to have you back in your proper sphere again, and we wish you a long and successful service in your peacetime practice.

Dr. and Mrs. Thomas M. Hunter, of Henderson, announce the arrival of a daughter, Mary, Born on February 1, 1946.

Dr. and Mrs. Ed Baker, of Raleigh, announce the arrival of a daughter, Barbara.

Incidentally, since Dr. Baker has resumed his civilian practice with Dr. Fred Hale, Dr. Hale has taken a new lease on life. (While Dr. Baker was away through the war, Dr. Hale had to keep his dental tools working overtime.)

We are very sorry to hear that Dr. I. H. Davis, of Concord, has been forced to give up his practice, because of ill health.

Dr. W. T. Martin, of Raleigh, will soon resume his practice, now that he has almost fully recovered from an operation.

The fertile ground in Raleigh has produced a 1946 version of Jack and the Beanstalk. "Jack" happens to be Dr. E. N. Lawrence who recently was doing some plowing in his garden beside a row of beans and stopped to rest a few minutes. When he started to get up, Dr. Lawrence discovered that the vines had grown so rapidly, they had wrapped around his leg, and he couldn't get loose. While trying to free himself from the vines, he fractured his leg. (Why didn't you give those beans a short of novocain, Dr. Lawrence?)

Dr. R. M. Olive, Jr. is associated with his father in Fayetteville.

Dr. Walter H. Finch, Jr., is practicing in Henderson.

Dr. S. J. Potts is located at Tabor City.

Dr. J. Y. Hinson has opened an office in Raleigh.

Dr. J. R. Edwards, Jr., is associated with his father in Fuquay Springs.

Dr. Robert Byrd has recently opened an office in Raleigh.

Dr. J. Henry Ligon, Jr., is now associated with Dr. W. T. Martin.

Dr. J. E. Swindell has resumed his practice after serving with the Navy.

FIFTH DISTRICT

OFFICERS

1945-46

DR. G. L. OVERMAN, President.....	Goldsboro
DR. J. F. DUKE, President-Elect.....	Washington
DR. WADE H. JOHNSON, Vice-President.....	Plymouth
DR. SANDY C. MARKS, Secretary-Treasurer.....	Wilmington
DR. A. C. EARLY, Editor.....	Goldsboro

THE TOBACCO ROAD

DR. G. L. OVERMAN, President



Dr. Overman

We are all looking forward, I am sure, to our District Meeting. I feel that the District Meeting is our outstanding meeting of the year. At these meetings we not only benefit from visiting talent, but our home talent also means much. Everyone has some contribution that he could make, which would be of great help to his fellow practitioner. Let us contribute to these meetings by giving a clinic, or paper, when called upon. We are due this to ourselves and our Society.

The groups in the Fifth District are once again meeting this year, after several years recess. I do not have on hand the meeting date of Group No. 1, of which Dr. Jordan Powell is chairman; Group No. 2 will meet in Rocky Mount, September 16th, with Dr. Charlie Eatman acting as chairman; and Group No. 3 will meet in Kinston, September 23rd, with Dr. R. E. Williams acting as chairman. Let's have a good attendance at each of these meetings.

I do want to say that it seems good to see so many fellows back from service, and we are happy to have a number of new fellows coming into the Society. I urge all of you to attend our District Meeting on October 27th and 28th. By this time the largest tobacco market in the world will be in full swing, and we will have an opportunity to see how Wilson holds this record year after year. The Program Committee has arranged a good program for this meeting, and you will not want to miss it.

**DR. R. E. STURDEVANT**

Superintendent of Dental Clinics, and Professor of Dental Prosthesis in Atlanta, Georgia.

Appears on program Monday, October 28, at 10:30 a.m.

Subject: "Some Practical Points on Crown and Bridge".

DR. A. C. CURRENT

Gastonia, North Carolina

Appears on Program Monday, October 28, at 2:00 p.m.

Subject: "Clinical Report and Suggested Refinement in Technique for Acrylic Resin Jacket and Fixed Bridgework".



PROGRAM
FIFTH DISTRICT DENTAL SOCIETY

Cherry Hotel
Wilson, North Carolina
October 27-28, 1946

SUNDAY

6:00 P.M. Refreshment Hour—Cherry Hotel

MONDAY

9:00 A.M. Meeting called to order by the President
Dr. G. L. Overman, Goldsboro, N. C.

Invocation—Dr. Harold J. Dudley,
Presbyterian Church, Wilson, N. C.

Address of Welcome—Mayor J. L. Hales, Wilson, N. C.

Response to the Address of Welcome—
Dr. Fred H. Coleman, Wilmington, N. C.

Minutes of Last Meeting

President's Address

Greetings from N. C. Dental Society Officers

Introduction of Visitors

Presenting Applicants for Membership
Dr. Paul Jones, Farmville, N. C.

10:30 A.M. "Some Practical Points on Crown & Bridge"
Dr. R. E. Sturdevant, Superintendent of Dental Clinics and
Professor of Dental Prosthesis in Emory University School of
Dentistry, Atlanta, Georgia.

12:30 P.M. "Just Among Ourselves"
Dr. B. McK. Johnson, Greenville, N. C.

1:00 P.M. Luncheon

2:00 P.M. "Clinical Report and Suggested Refinement in Technique for
Acrylic Resin Jacket and Fixed Bridgework."
Dr. A. C. Current, Gastonia, N. C.

2:45 P.M. Clinics

"Everyday Oral Surgery"
Drs. C. E. and E. L. Eatman, Rocky Mount, N. C.

"Tooth Replantation"
Dr. H. A. Baughan, Mount Olive, N. C.

"Practical Everyday Uses of Acrylic"

Drs. A. T. Jennette, Washington, N. C. and
Dan Wright, Greenville, N. C.

4:00 P.M. Treasurer's Report

Report of Committee on President's Address

Report of Other Committees

New Business

Election of Officers

Place of Next Meeting

Installation of Officers

Adjournment

"FETCH" HIM ALONG

DR. A. C. EARLY, District Editor

The time is drawing near for the Annual Fall Meeting of the Fifth District Dental Society, which meets in Wilson on October 27th and 28th. Make your plans to attend this important meeting. Remember that all roads lead to Wilson and the Meeting of the Fifth District.

The program and entertainment committees have arranged for you to have a very enjoyable as well as instructive time. If there is someone in your community who is not yet a member of the Fifth District, use all your persuasive power and "fetch" him along, as other members of the Fifth District will be glad to welcome him.

We understand that Dr. Turner, of Jacksonville, is much improved. We wish you a speedy recovery.

Dr. J. N. Johnson, of Goldsboro, who has been a friend to us all remains confined to his home. A card from you to him, will be greatly appreciated.

Dr. J. M. Kilpatrick, we hope that you and your over-worked heart are both much improved.

Dr. Charlie (Elon) Johnston has resumed his practice in Elizabeth City, and has a helper, a baby girl. "Elon" has the ball!

Dr. James Zealy has opened his office in Goldsboro, and at the same time his heart to a young lady from Louisville, Kentucky.

Dr. Earl W. Strickland of Whittakers is back in circulation, after 25 months in the Navy. Good luck to you, Admiral.

Dr. Lilly has opened his office in Scotland Neck.

Dr. F. G. Harris is opening his office in Farmville. Much luck, Doctor.

Dr. C. P. Godwin has opened his office in Rocky Mount. Also, Dr. Young. The Editor wishes both of you plenty of success.

We understand that Dr. L. J. Dupree, has now associated with him, his son, Dupree and Dupree.

There are several new members that have moved into our District, and at the writing of this article, the Editor has been unable to gather who or where located. My apologies for this, but the fellowship of the members of the Fifth District will make up to you. So please come to Wilson.

At the writing of this article, your Editor is suffering from a very severe case of malaria.

AS A MATTER OF RECORD

Executive Committee Meeting

The Carolina Hotel

Pinehurst, N. C.

WEDNESDAY, MAY 6, 1946

11:00 A. M.

Members present: C. C. Poindexter, Chairman; F. O. Alford, Sam Bobbitt, E. M. Medlin, R. M. Olive, and C. W. Sanders.

This meeting of the Executive Committee was called to order by the newly appointed chairman, Dr. Poindexter, immediately following adjournment of the ninetieth anniversary meeting of the North Carolina Dental Society.

Following discussion motion was made by Dr. Alford, seconded by Dr. Medlin and unanimously carried that Dr. Franklin Bumgardner be reelected Editor-Publisher of the North Carolina Dental Society for the ensuing year. The secretary was instructed to notify Dr. Bumgardner of this action and also convey to him the appreciations of this committee and members of the North Carolina Dental Society for the excellent and efficient manner with which he has executed the duties assigned to his office during the past two years.

Following discussion relating to the necessity of a greater and better meeting than ever before, motion was made by Dr. Olive, seconded by Dr. Bobbitt and carried that \$1,200.00 be appropriated by the North Carolina Dental Society for the 1947 meeting.

Motion made by Dr. Alford, seconded by Dr. Medlin that the Executive Committee, Program Committee, Clinic Committee and Exhibit Committee hold their next meeting in Raleigh, Sir Walter Hotel, on Sunday morning, July 7th, at eleven o'clock. These committee members to be notified by the Secretary at a later date concerning time and place of meeting.

Motion made by Dr. Olive, seconded by Dr. Bobbitt that the secretary write the manager of the Carolina Hotel thanking him, in behalf of our organization, for the splendid hospitality and many courteous services rendered our members during this 1946 convention.

Following short discussion it was decided advisable to postpone that purchase of an amplifying system for the society until a later date.

It was decided that the Education of Negro Dentists Committee meet with the above mentioned committees in Raleigh on July 7th. Members of this committee to be notified later.

There being no further business, the meeting adjourned at 12:30 p.m

C. W. Sanders, Secy-Treas.
North Carolina Dental Society

**EXECUTIVE COMMITTEE, PROGRAM COMMITTEE,
EXHIBIT COMMITTEE, TABLE CLINIC COMMITTEE,
EDUCATION FOR NEGRO DENTISTS COMMITTEE**

North Carolina Dental Society

Hotel Sir Walter

Raleigh, N. C.

SUNDAY, JULY 7TH, 1946

11:00 A.M.

Executive Committee

Members Present: C. C. Poindexter, Chm.
F. O. Alford
S. L. Bobbitt
E. M. Medlin, ex-officio
R. M. Olive, ex-officio
C. W. Sonders, ex-officio

Program Committee

Members Present: J. D. Kiser, Chm.
Howard Branch

Exhibit Committee

Members Present: J. W. Bronhom, Chm.
W. I. Hort

Clinic Committee

Members Present: K. L. Johnson, Chm.
S. H. Steelman
Sandy C. Marks
R. A. Wilkins
W. B. Sherrod

Education of

Negro Dentists Committee

Members Present: H. O. Lineberger
L. J. Meredith
Neal Sheffield
E. G. Click

Also present in an official capacity were Dr. Franklin Bumgardner, Editor, Dr. Fred Hale and Dr. Walter McRae.

A General Session of all these committee members was called to order by President Medlin and the subject of a fee schedule relating to dentistry for veterans was discussed quite extensively. Motion was made by H. O. Lineberger, seconded by F. O. Alford and unanimously carried as follows: "To approve any member of the North Carolina Dental Society or any member of the Old North State Dental Society (colored) who might be designated to perform dental services for veterans in North Carolina".

A very concise report was given by Dr. Hale on the activities of the Advisory Committee, North Carolina Medical Care Commission.

Meeting recessed for lunch at 1:00 p.m.

The General Session re-convened at 2:00 p.m. and following a brief session the meeting adjourned and the four committees present separated to attend to business concerning their particular committee.

Executive Committee Meeting

Meeting convened at 2:00 p.m.

A report was made by Dr. Neal Sheffield relating to work being done by his Committee-Education of Negro Dentist Committee—and presented the committee's report and recommendations which read as follows:

1. Your committee named to cooperate with the negro dentist recommends that the name of this Committee be known in the future as: "Liaison Committee to the Dental Division of the Old North State Medical, Dental and Pharmaseutical Society".
2. We further recommend that all members in good standing of the Dental Division of the Old North State Medical, Dental and Pharmaseutical Society be approved by the North Carolina Dental Society in order that they may subscribe to the Journal of the American Dental Association and if possible at the regular membership rate.

Neal Sheffield

H .O. Lineberger

E. G. Click

L. J. Meredith

Motion made by Dr. Olive, seconded by Dr. Alford and carried that this recommendation be adopted as presented.

Executive Committee instructed secretary, following motion of Dr. Alford, seconded by Dr. Medlin and carried, to write Dr. Lineberger suggesting that he contact Dr. C. C. Crittenton, secetary, North Carolina Historical Commission, asking that he go through the records of the Procuremnt and Assignment files—which have recently been turned over to the Federal Security Agency, Washington, to the North Carolina Dental Society—and select material which might be of historic interest and the same to be placed in North Carolina Historical Commission Library. However, Dr. Lineberger was instructed to first remove these files and destroy all papers and records relating to personal and confidential reports submitted to the Procurement and Assignment office since its establishment.

Montion made by Dr. Olive, seconded by Dr. Bobbitt and carried that a letter be written to Dr. Lineberger, Chairman of the North Carolina Procurement and Assignment Office, Dental Division, and a copy sent to the Bulletin for publication, expressing the appreciations of the North Carolina Dental Society for his faithful, untiring, impartial and efficient services rendered the government, the profession and the public as chairman of the Procurement and Assignment Office, Dental Division, in this state.

Motion made by Dr. Bobbitt, seconded by Dr. Medlin and carried that a \$50.00 fund be set up for the purpose of paying this state's proportional part of a nation-wide radio broadcast of a program on October 16th, as part of a national centennial celebration in observance of the first demonstration of surgical anesthesia by a dentist, Dr. William T. G. Morton. The president and secretary were selected and instructed to proceed as they think best concerning the observance of this event in North Carolina.

Motion made by Dr. Alford, seconded by Dr. Olive and carried that Dr. Paul Jones of Farmville be recommended to Governor Cherry to replace Dr. J. N. Johnson on the North Carolina State Board of Health as the Dental member when Dr. Johnson's resignation becomes final. Secretary is instructed to make known this recommendation of the Executive Committee to Governor Cherry.

Motion made by Dr. Medlin, seconded by Dr. Bobbitt and carried that Dr. Martin Fleming, Chairman, Relief Committee, be instructed to buy Savings Bonds with any surplus funds his committee may have on hand at this time.

The Executive Committee recommends that secretary write a letter to Dr. J. N. Johnson expressing appreciations of the North Carolina Dental Society for his years faithful service to the profession, his leadership and sacrifices in order to make dentistry the great profession which it is today.

Meeting adjourned at 4:00 p.m.

C. W. Sanders, Secy-Treas.
North Carolina Dental Society

July 12, 1946

Dr. H. O. Lineberger
804 Professional Bldg.
Raleigh, N. C.

Dear Dr. Lineberger:

At a recent meeting of the Executive Committee of the North Carolina Dental Society, it was voted that you be requested to contact Dr. C. C. Crittenton, Secretary, North Carolina Historical Commission, relative to getting any records or papers which might some day be of historical value and now belonging in the files of the Office of Procurement and Assignment, Dental Division, taken over by Dr. Crittenton and placed in the Library of the Historical Commission in Raleigh.

It was further voted that you be instructed to go through these records and papers before allowing any person to examine them and that you take such papers and records from the files in your possession which are of personal or confidential nature and destroy them. You are to use your own judgment in this respect.

Thanking you and with every good wish, I am

Most sincerely,
C. W. Sanders, Secy-Treas.
North Carolina Dental Society

July 13, 1946

Dr. J. N. Johnson
Goldsboro, N. C.

Dear Dr. Johnson:

To say that the Executive Committee of the North Carolina Dental Society was grieved to hear of your resignation as a member of the State Board of Health is stating the matter in its very mildest form.

The reason for that is that we recall your unselfish service to the cause of dentistry for a period close to half a century. You came into the profession very near the beginning of the present century when its membership was very limited and you have not only watched it grow, you have helped it to grow even as you have grown with it. We are not unmindful of your nine years of work as a member of the State Board of Dental Examiners where your work was most outstanding. We believe that every member of the State Society, as well as the members of the Examining Board who served with you will all agree that you put new life into that organization, new life which still grows with the passing years. Your help and advise as a member of the Legislative Committee is written into just about every dental law on our statute books. Your aid has been sought and freely given in rewriting our Constitution and By-Laws from time to time. As President of the society in 1918-1919, your administration stands out from other years on account of the perfecting of the dental program as it relates to health work in the schools of North Carolina.

On account of that earlier work it was only fitting, as your crowning achievement, that you should have been appointed a member of the North Carolina State Board of Health where you have taken an active part in all its deliberations and achievements. Your work will be missed there sorely, and do you wonder that we are sorry for you to give it up?

When the Executive Committee was asked to endorse some man to be your successor, the question was asked as to whom **you** would recommend. When it was learned that you had once endorsed Dr. Paul Jones he was immediately chosen, but we do want you to know that there is universal regret that you have given up the work. I, as secretary of the society, have been instructed to convey to you our deep regret and to tell you of our action endorsing Dr. Jones.

With the best wishes of every North Carolina dentist, I am

Most sincerely yours,

North Carolina Dental Society
C. W. Sanders, Secy-Treas.

July 13, 1946

Dr. H. O. Lineberger, Chairman
Office of Procurement and Assignment Service
Dental Division
Raleigh, N. C.

Dear Dr. Lineberger:

At a recent meeting of the Executive Committee of the North Carolina Dental Society, the committee voted unanimously that the sincere appreciations of the North Carolina Dental Society be conveyed to you by the secretary for the outstanding, loyal and untiring work which you have done during the past three years as chairman of the Procurement and Assignment Service, Dental Division, in North Carolina.

The tremendous amount of detail work pertaining to this chairmanship assignment has been staggering. The Executive Committee and the membership of our society know the funds allotted to this work have been barely enough to finance the personnel needed to carry on the work. However, your time and, in many instances, your funds have been donated freely and gladly in order that our war effort, our profession and the general public might be equally benefitted. Our organization feels that you have done much for which you deserve credit and we deeply appreciate your magnificent contributions and your fine spirit. We are proud of the fact that fewer complaints have been registered against the way in which you have handled problems confronting you and handled by you than any other Procurement and Assignment Service in the state during the period of emergency which has just passed.

Dr. Lineberger, your splendid services have been outstanding in every respect and, now that the Office of Procurement and Assignment Service has been closed, we wish to assure you of our heartfelt gratitude and say that yours has been a job well done.

The secretary has been instructed to send a copy of this letter to the Bulletin of the North Carolina Dental Society for publication.

Again thanking you and assuring you of our grateful appreciations, I am

Most Sincerely,

North Carolina Dental Society
C. W. Sanders, Secy-Treas.

**To: All North Carolina Dentists Who Aided in the Procurement and
Assignment Program:**

Greetings:

The State Headquarters for the Procurement and Assignment Service was officially closed May 1, 1946. We are now busy completing our files and compiling final records.

The Procurement and Assignment Service has meant much to both the Armed Forces and the Civilian population. The type of Dental Service rendered the members of the Armed Forces was superior to that performed in any previous war. Those dentists who served the civilian population did so in a most commendable way.

As State Chairman for Dentists, I wish to take this opportunity to express to you my appreciation for the fine cooperation you have given this office and to me personally.

The big problem before us at this time is to re-adjust our civilian practices in order that the returning Veterans may be given every opportunity to re-establish themselves. They have obtained, through military training, experiences which will add materially to the services they will be able to render to the civilian population. You are respectfully asked to give the returning Veterans in your community every cooperation.

Respectfully submitted,

(Signed) H. O. Lineberger, Chairman

N.C. P&A Service, Dental Division

100TH ANNIVERSARY ANESTHESIA

DR. BURKE W. FOX, Charlotte, N. C.

The patient on the table looked up at the white masked surgeon and said, "Doctor, I hope you haven't a bridge game or some other pressing engagement. When you start to operate on me I don't want you to be in a hurry.

If a Rip Van Winkle had slept for the past hundred years and now awoke, airplanes, radios, automobiles would probably be less amazing to him than the scene in a modern hospital where the patient could joke just before an operation.

In 1844—and for all the years previous to that—when told that an operation was necessary a man turned pale with fear. Even death, if it could be sudden, was less dreaded than the horrors of a surgical operation in those days.

Surgery was an ordeal by torture. The surgeons used huge saws and knives and a master surgeon was one who could remove a leg in thirty seconds. The patient was tied to the table and half dozen burly men assisted the surgeon by holding the patient while the operation was performed. Shrieks filled the air, because the miracle of anesthesia was unknown.

Modern surgery has been made possible through the discovery one hundred years ago today of anesthesia by the inhalation of a gas.

The idea of sleep for surgery is as old as the Bible. In Genesis 2:21 we read, "And the Lord God caused a deep sleep to fall on Adam and he slept; and he took one of his ribs; and closed up the flesh instead thereof." As far back as written records go some attempts were made to relieve the suffering of victims for surgery. Opium, hemp, and mandragoras were given to patients but taken by mouth, these usually produced nausea and other disorders if taken in quantity sufficient to do more than take the edge off the pain.

The history of anesthesia by inhalation which produces true insensibility to pain and permits the rapid return of the patient to consciousness had its very first beginning seven hundred years ago. Raymond Hully, an alchemist, discovered "sweet vitriol" now known as sulphuric ether.

Two hundred years passed before Paracelsus, a medical physician rediscovered "sweet vitriol," and he noted that it might be used for painful illness. Isaac Newton, Godfrey, and Boyle all were familiar with this chemical compound. In 1792, Frobenius gave it its modern name of "ether".

Another path toward anesthesia began in 1776 when Joseph Priestly discovered nitrous oxide. He was a non-conformist preacher with chemistry as a hobby, and had become unpopular with the populace. Just as he was preparing to test the effect of this gas on mice the angry people set his house on fire and caused him to flee for his life. He never resumed the experiment.

This gas was believed poisonous to human beings but in 1795 Humphrey Davy, a boy of seventeen became curious about it and tried inhaling it. He found that it produced such a glow of good feeling that it was more pleasant than alcohol.

Experiments with it cost him his job and his home with a foster father but he managed to get placed with a "pneumatic institute" or hospital and introduced the use of it in treating respiratory diseases such as asthma. He noted that it would relieve the pain of toothache or headache and even wrote that "it may be used with advantage during surgical operations in which no great effusion of blood takes place. But Davy was interested in chemistry and electricity and not surgery so never followed up the matter.

Michael Faraday, a young assistant to Davy, experimented with ether and reported in 1818, "when the vapor of ether is mixed with common air and inhaled, it produces effects very similar to those occasioned by nitrous oxide. By the incautious breathing of ether vapor a man was thrown into a lethargic condition which lasted for thirty hours". He too failed to follow up the idea.

Dr. Henry Hill Hickman, an English surgeon began experiments with the effects of nitrous oxide on animals and proposed to attempt human surgery with it. Because it was an unknown risk he first tried to interest the medical societies in backing him so that he would be protected in case the patient should die. But the medical societies of London and France ridiculed him when he read papers on the subject so that he dared not go further.

At this period there was an intense interest in chemistry and traveling lecturers in America gave demonstrations of new discoveries. Ether and nitrous oxide were given to members of the audience to produce a drunken state which amused the others in the audience. It became fashionable among the younger college people to have "ether parties" and get drunk on the fumes.

Some of these parties were held at the home of Dr. Crawford Long at Jefferson, Georgia and he got the idea of attempting surgery with the patient stupefied with ether fumes. In 1842 he removed two tumors from the neck of James Venable and later did several other minor operations with it. But the people of the community threatened to boycott him unless he abandoned such dangerous foolishness so he dropped the idea. The spark of knowledge had flickered time after time, but for a brief space and then died out.

In December 1844 in the city of Hartford, Connecticut the spark flickered again and this time kept alive to produce one of the greatest boons known to mankind, a discovery which has been ranked with the discovery of how to make fire, in its importance to mankind.

On the night of December 10, 1844 a young dentist went to hear a lecture by a traveling exhibitor named Gardner Colton, on the subject of "laughing gas". A young drug clerk in the audience volunteered to take the gas but became excited and tried to chase a fancied enemy through the audience. After the effects wore off he sat down next to the dentist, Dr. Horace Wells, and a few minutes later discovered that he had very seriously injured his leg while under the gas. Dr. Wells was not a successful dentist and his health was none too strong. But the idea which had been struggling to find root for centuries flashed into his brain. If such a serious wound had occurred without Cooley having felt it, then surgery could be performed under the influence of the gas.

The next morning he went to the lecturer, secured some of the gas and went to see a brother dentist, Dr. John M. Riggs. He would not risk the life of another but would risk his own. He took the gas himself and had a tooth extracted by Dr. Riggs.

The results were perfect and so Dr. Wells began extracting teeth with the gas. However, the operations were not always successful as the gas was not always pure.

He went to Boston and explained the discovery to former partner, Dr. W. T. Morton who became intensely interested. Together they visited Boston's foremost chemist, Dr. Charles T. Jackson, but he discouraged them. Dr. Wells tried a public demonstration at Harvard but gave too little gas for results. The next time he gave too much and almost killed the patient. After being ridiculed he lost heart and quit the practice of dentistry.

Dr. Morton had taken up the idea however, and in his search for a better gas than nitrous oxide, remembered that the chemist had told him to try "ether drops" on a tooth to relieve the pain of grinding. These "ether drops" were ethyl chloride but he bought ether at the druggist's and experimented with animals, and himself.

Buying a new supply of ether drops he tried the experiment on two young men but this was a failure. Going back to the chemist for advice he discovered the difference between "ether drops" or ethyl chloride and sulphuric ether.

On September 30, 1846 he extracted a tooth for Eben Frost under ether and was so enthused with results that the next morning he applied for a patent.

Sixteen days later he sold the idea of trying ether to Dr. John C. Warren, who removed a tumor at a public demonstration. The next day two other operations were performed and Dr. Henry J. Biglow added to the knowledge of the subject by detecting that the patient's pulse must be watched when an overdose was given to one of these two.

The method of demonstration at first used was quite crude, the apparatus looking like a gold fish bowl with a beer keg spigot in the side. Air was breathed by mouth through the spigot after it had passed over the ether which half filled the bowl.

Dr. Oliver Wendell Holmes who witnessed one of the early demonstrations coined the words "Anesthetic".

After the demonstrations in Boston the news was quickly spread and soon a dreadful clamor arose as to the first discoverer of anesthesia. Dr. Morton claimed he was first, but the chemist, Dr. Jackson said he gave the idea of using sulphuric ether. Dr. Wells had proved the possibility of anesthesia to Morton by using it on himself and others. Dr. Long had used it but never made its use public.

It is generally conceded today that the spark which flamed December 11 1844 in the brain of Dr. Wells was the one which inspired Morton to take up and carry on the experiments.

To these two dentists, Dr. Wells, and Dr. Morton, to Dr. J. C. Warren, Dr. Biglow, and Dr. Oliver Wendell Holmes is mankind indebted for the relief from pain which has made modern surgery possible.

A year after Morton began using ether Dr. Jasper Y. Simpson of Scotland began using chloroform.

In 1863 the use of nitrous oxide, safer than ether or chloroform again came into general use. In 1920 a carnation grower's accident led to the discovery of ethylene. Still more recently have been added narcylene, propylene and cyclopropane and still others may yet be found in mankind's ceaseless search for knowledge.

DENTAL TECHNICIANS

South Carolina Passes New Law On Dental Laboratory Technicians

A law calling for compulsory registration of dental laboratory technicians has been passed by the South Carolina state legislature. Sponsored by the legislative committee of the South Carolina Dental Society, the measure required technicians and apprentices to be registered with the state board of dental examiners and prohibits "accepting any work from the general public".

The bill was backed jointly by the dental laboratories and the dental profession, according to F. B. Hines, chairman of the dental society's legislative committee, who introduced the measure.

"Reputable dental laboratories, as well as the dental profession, have been concerned over the fact that dental technicians have been coming into South Carolina in recent years and establishing new laboratories, many of them dealing with the public", he explained.

Effect of the new law, Dr. Hines said, will be to regulate existing laboratories and to require all new laboratories to meet the high standards to be set by the state board of examiners.

The measure provides that a registered technician must be at least 21 years of age, and an apprentice at least 16, and that each pass an examination conducted by the state board of dental examiners, with examination fees set at \$25.00 for technicians and \$5.00 for apprentices.

It prohibits an apprentice from operating a dental laboratory and provides that he must have worked under supervision of a registered technician for a three-year period before he may become a registered technician.

Certificates of registration may be refused, suspended or revoked for any of the following reasons: (1) gross malpractice or gross incompetence; (2) advertising by means of knowingly false or deceptive statements, to the profession; and (3) accepting any work from the general public.

The practice of dental laboratory technicians is defined in the act as

any one or a combination of the following practices: "fabrication of prosthetic dental appliances, such as the using of gold, other metals or combinations of metals, plastics, porcelains, artificial teeth, or other materials, in the manufacture of appliances worn in the oral cavity, replacing teeth and tissue or worn on or around the teeth".

Dental technicians employed by dentists in their private offices on a salary basis are exempt from provisions of the act.

Requirements For The Approval of A Course of Training For Dental Technicians

(Adopted April 27, 1946)

The Council on Dental Education will consider for approval a course of training for dental technicians under the supervision of an approved, or provisionally approved, dental school.

The overall pattern of the course and the stated objectives will be given first consideration. The method and effectiveness of accomplishing the objectives as set forth by the school will be an important factor in determining approval. It is recognized that some subjects may be taught more effectively than others in the same school, that some areas may receive greater emphasis than others, and that the pattern may undergo changes from year to year.

The subjects of study should be of such selection and so co-ordinated that the student will acquire technical skills necessary to construct the restorative appliances prescribed by the dentist. In order that he may have an intelligent understanding of the bases of these technical producers, the student should acquire a working knowledge of the related sciences upon which dental technicians are based.

Physical Plant

Evaluation of the physical plant and equipment will be based upon its adequacy, use and maintenance. Cleanliness, ventilation and lighting of building, laboratories, and class rooms, along with other factors which contribute to efficiency, health and reasonable comfort of staff and students will be taken into consideration.

Library

The library of the dental school normally should contain material adequate for the use of students enrolled in the course for dental technicians. However, there should be no lack of books and periodicals which have special reference to laboratory procedures and laboratory subjects. If desirable the dental school may set aside a separate reading-room for the use of dental technical students.

Organization And Administration

A course for dental technicians may be placed under the same organization and administration as that of the dental school, or may be operated as a separate division under separate administration, provided that it is conducted as an integral part of the dental school and on a similar level of discipline.

The functions of the administrative head, his freedom of action and his executive and professional ability, as well as the faculty organization, appointments, quality of teaching, salaries, and tenure will enter into the evaluation.

The faculty, as such, will be judged upon its ability to train technician students to a degree of knowledge and expertness to qualify them fully to meet the general requirements of the dental profession.

The number of faculty members in relation to the number of technician students, the qualifications of each teacher, and his teaching load will be items for consideration. Evidence that staff members are conducting research projects will be expected.

Financial Provision

The adequacy of financial support allocated to the course will be given careful consideration by the Council. The wisdom with which funds are used in the management of the course will be observed.

Curriculum

For the reason that the training of dental technicians is a new venture in dental education, the Council recommends a flexible but well-balanced curriculum. Correlation of the various subjects is essential to an effective educational program.

The Council will consider the clearly stated objectives and purposes sought in the course, what it is expected will be accomplished for the student, for the dental profession and for the public, and how well the course succeeds in realizing and accomplishing the objectives and purposes. Intelligent curriculum experimentation which fosters growth, development and excellence is encouraged by the Council.

The Council suggests that the following subjects should be included in the course:

- Orientation
- Complete Denture Construction (technology)
- Partial Denture Construction, fixed and removable (technology)
- Dental Anatomy
- Dental Materials, including applicable Chemistry and Physics
- Ethics and Jurisprudence
- Laboratory Management
- Gross Anatomy (lecture course)
- Orthodontics (technology)
- Special Appliances (splints, obturators, etc.)
- Ceramics

Admission

Graduation from an accredited four-year high school course or its equivalent, plus an interest in and an aptitude for the responsibilities of a dental technician, will constitute the requirements for admission to the course. The Council urges schools to adopt a suitable aptitude testing program for applicants to the course for dental technicians.

Length of Course of Study

The course shall be spread over two academic years (4 semesters, or 6 quarters).

Enrollment

The Council recommends that the enrollment in a course for the training of dental technicians should be determined in the light of professional needs.

Certificate

The Council recommends that a Certificate be given at the completion of the course, and that it be issued by the same agency as that which confers the diplomas for the dental school.

The Certificate should be worded so that it cannot possibly be construed to mean, or infer, that the recipient has had training for the practice of dentistry.

Policy of Dental School Concerning Laboratory Service for Dental Students

The Council recommends that the following policy be adopted by the dental school:

1. That students enrolled in the dental school shall have completed all technology and practice assignments of the dental curriculum and shall have demonstrated to their instructors their mastery of laboratory procedures before they may be permitted to use the service of students enrolled in the course for dental technicians.
2. That dental schools requiring student technicians to serve dental students shall provide special training for the dental student so that he will have a clear understanding of how to delegate routine technical problems to the student technician, in order to establish the best working relationship and maximum efficiency.
3. That any dental school not having sufficient practical laboratory cases to train its technician students may select an ethical dentist, or dentists, in a cooperative arrangement whereby the student may obtain part of his practical or applied laboratory training in the laboratory of the practicing dentist.

ANNOUNCEMENTS

The North Carolina Dental Society meeting will be held May 5, 6, and 7, 1947, at the Carolina Hotel, Pinehurst, N. C.



The American Dental Association House of Delegates will meet October 14, 15, and 16, 1946 at the Columbus Hotel, Miami, Florida.



The 1947 Midwinter Meeting of the Chicago Dental Society will be held at the Stevens Hotel, February 10-13, Dr. Robert J. Wells, Secretary, announced recently.

Officers and committeemen of the Society are planning a full scale meeting similar to those held prior to the war since it is expected that by the time of the meeting travel and hotel accomodations will be more readily obtainable.



The American Academy of Periodontology will meet October 17, 18, and 19, 1946 at the Thomas Jefferson Hotel, Birmingham, Alabama.



The South Carolina State Dental Association will hold its 1947 session at the Ocean Forest Hotel at Myrtle Beach, S. C., April 27th, 28th, and 29th.

HELP APPRECIATED

I am in desperate need of the following Bulletins:

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—Ed.

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The North Carolina
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COMPONENT OF THE AMERICAN DENTAL ASSOCIATION



MEMBERSHIP ISSUE

Vol. 30

JANUARY, 1947
CHARLOTTE, N. C.

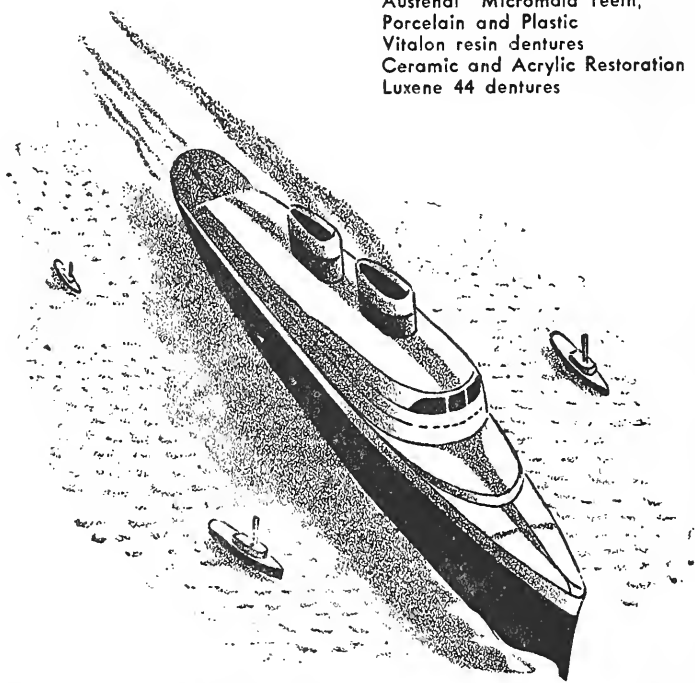
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To

DR. J. K. HUNT

Whose loyalty to his profession, together with
his noble character, genteel personality,
cordial manner and helping hand have
won for him a place of honor
and esteem in the hearts
of his fellowman.

THE BULLETIN

—of—

THE NORTH CAROLINA DENTAL SOCIETY

(Component of the American Dental Association)

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DR. R. M. OLIVE, President-Elect.....Fayetteville
DR. M. R. SMITH, Vice-President.....Raeford
DR. C. W. SANDERS, Secretary-Treasurer.....Benson

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DR. L. FRANKLIN BUMGARDNER.....Charlotte

LOOKING FORWARD WE FIND NEW CHALLENGES

By E. M. MEDLIN, D.D.S., President

Greetings to all member dentists of the North Carolina Dental Society; to all Auxiliary personnel of the dental profession in North Carolina; to their families, loved ones and friends, a happy, healthy, peaceful and prosperous 1947.

Looking forward to 1947, we find many new challenges to the program of our profession, and fortunate we are in having an energetic society program of activity, which should prove to be productive of many benefits for dentistry in North Carolina.

It was my privilege to attend all District Society meetings including A.D.A. meeting. To all the District Dental Societies' members and officers, my thanks for their hospitality. The meetings were well attended and a fine spirit of fellowship shown. These visitations by your state officers is a fine thing as it offers an opportunity for obtaining and passing along information concerning dental problems and the Society's program to meet them.

With the reconvening of Congress and our State Legislature, you may be called upon by our legislative committee to help combat bills that would be detrimental to our profession and to support those which will be beneficial.

Your support to our State Society Committee of Dentists will be appreciated.

We have a splendid dental program in our state, but it has suffered during the war. Let's do what we can to get it in full swing again.

An outstanding program for our state meeting May 5-6-7 has been arranged. DON'T MISS IT.—Aberdeen, North Carolina.

GRATIFYING ACCOMPLISHMENTS

By C. W. SANDERS, D.D.S., Secretary-Treasurer

Each time I attempt to write a few lines for the Bulletin a feeling comes over me that I am imposing on the good nature of our fellows and forcing them to extend their tolerance a little further in as much as the members see and hear from me quite often in regard to official business of the North Carolina Dental Society. However, since missing the last issue of the Bulletin I do not wish to make it two in a row so when this opportunity offered itself, I took it.

This fall, as I have had the pleasure of visiting the different Districts with my fellow officers, it has been encouraging to observe the fine quality meetings which have been held. The district meetings have been outstanding in every respect—good programs, excellent attendance and fine follow-up. I have thought to myself time and again that so long as the North Carolina Dental Society has component organizations such as our districts

are proving themselves to be, it will continue to be great and strong and progressive.

Today the North Carolina Dental Society stands out with distinction among many fine state dental societies in the South. We are steadily forging ahead and we are each proud of the fact that at last A.D.A. House of Delegates meeting in Miami our paid up membership entitled us to five delegates. We are ably represented in the National by Dr. Clyde Minges and are happy to say that the men in each of our districts have voted un-animously to support him for president-elect of the A.D.A. The news concerning Clyde seems to be getting around fast and our friends in other southern states are writing and pledging their support in behalf of his candidacy for this office. I sincerely believe that North Carolina has as many men who can qualify for high offices in the A.D.A. as any other state in the union.

In closing out our 1946 membership drive, I wish to congratulate the district secretaries who have so ably assisted me. We have more paid up members today than at any time in the history of our organization. The Fifth District has actually paid up one hundred percent, which is a noble record. I attribute that to Clyde Minges' influence (his district) and Sandy Marks' untiring efforts. Other districts have reached the high nineties, but they have not equalled the record set by the fifth. A dream of mine for 1947 is that every eligible practicing dentist in North Carolina may become a member of our society, and that each member pay his dues before our meeting in May. This is not at all impossible—so let us do it.

Perhaps it is early, but begin now to make plans for our next meeting which will be held in Pinehurst, May 5-6-7, of this year. A fine program is in the making and I am sure you will enjoy it and profit from it. Why not make it the outstanding meeting in the south this year?

May I take this opportunity to wish you and yours a happy and prosperous New Year.—Benson, N. C.

PROGRESS IN OUR DISTRICTS

By R. M. OLIVE, D.D.S., Director of Districts

This year, as President-Elect and Director of District of the North Carolina Dental Society, it has been my pleasure and delight to have had the opportunity to visit all the five districts in session in North Carolina. We could go into lengthy detail and enumerate the many merits of each district, but time and space will not permit.

Each District meeting was well attended; averaging from 115 to 150. When you consider that there are around 700 paid-up memberships in the state society, this only leaves a very few who did not attend their district meetings. With these facts in mind, it is evident that our district meetings were probably better attended this year than has ever been heretofore in the

history of the North Carolina Dental Society.

There were on the average of 25 to 30 new members and returned veterans of World War II present at each district. Each district gave the returned veterans an enthusiastic welcome back and an expression of appreciation for their services to our country.

The success of our district meetings is due to the natural interest of each man in his chosen profession. This interest is also exhibited by reports on percentage attendance of the entire membership of our State Society, which exceeds all other states. This measure of success is due largely by the continued efforts of the District officers.

We were fortunate to have Dr. Bill Lanier attend all of the district meetings with us. He is regional director of the Veteran's Administration of five states, with offices in Richmond, Virginia. Bill has worked faithfully to simplify the system of making it possible for the civilian dentists to take care of the returned veteran's teeth at the expense of the government. He is one of our North Carolina boys and he has the answers to all of our questions concerning the veterans. It was a pleasure to have him with us.—Fayetteville, N. C.

FROM THE NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS

Attention to The Dentists Who Have Been Separated From The Armed Forces

By F. O. ALFORD, D.D.S., Secretary-Treasurer

While the men who were licensed to practice dentistry in North Carolina were serving in the armed forces of the nation, the North Carolina State Board of Dental Examiners did not require that their license to practice in the state be renewed. However, upon being separated from the service and before entering, or resuming practice in the state, they are required under Section 13 of the Law Governing the Practice of Dentistry in North Carolina to obtain a certificate of renewal license from the North Carolina State Board of Dental Examiners.

There have been instances where the veteran did not understand this phase of the law. It has been impossible for the Board of Dental Examiners to know when each man was released from the service, so we are asking that each veteran upon being discharged, and before entering the practice of dentistry in North Carolina write to the Secretary of the Board of Dental Examiners for a renewal certificate, giving his present address, original license number, and year issued.

Your cooperation in this will be greatly appreciated.—1109 Liberty Life Building, Charlotte, North Carolina.

THE AMERICAN DENTAL ASSOCIATION ELECTS NEW OFFICERS

DR. STERLING V. MEAD

Washington, D. C., President



Dr. Sterling V. Mead

Dr. Sterling V. Mead, of Washington, D. C. is the new president of the American Dental Association. He was installed at the close of the 1946 meeting of the House of Delegates at Miami, Florida, succeeding Dr. Walter H. Scherer, of Houston, Texas.

Dr. Mead was born October 16, 1888, at Hutchinson, Kansas, where he attended the public schools and the Salt City Business College. He received his dentistry degree from George Washington University in 1914, and was awarded his bachelor and master's degrees in science at Georgetown University.

In 1929 he was president of the District of Columbia Dental Society and in 1932, served as vice-president of the District of Columbia Dental Society, and in 1932, served as vice-president of the American Dental Association. For several years, before being named president-elect in 1944, he served as chairman of the Association's committee on legislature. Dr. Mead has been engaged in the practice of oral surgery in the nation's capital for many years.

DR. H. B. WASHBURN

St. Paul, Minnesota, President-Elect

Dr. H. B. Washburn, of St. Paul, Minn., is the new president-elect of the American Dental Association. He was elected by the House of Delegates at Miami, October 16, to succeed Dr. Sterling V. Mead, of Washington, D. C., who became the new president of the Association.

Dr. Washburn was born June 8, 1884, at Red Wing, Minn. He was graduated from the Dental School, Northwestern University, in 1905, and entered general practice in Zumgrota, Minn. In 1914 he went to St. Paul, where he is now engaged in the general practice of dentistry.

He is a former president and secretary of the St. Paul District Dental Society and is a former president of the Minnesota State Dental Association. In 1926, he was chairman of the Full Denture Section of the American Dental Association. In 1940, he was elected a member of the Board of Trustees from the Tenth District and has served two terms.

Dr. Washburn will be installed as president of the American Dental Association at the close of its 1947 meeting in Boston, Mass.



Dr. H. B. Washburn



Dr. Harold Hillenbrand

DR. HAROLD HILLENBRAND

Chicago, Illinois

Dr. Harold Hillenbrand, of Chicago, new general secretary of the American Dental Association, took office following his election at the 87th annual meeting of the House of Delegates at Miami, Fla., in mid-October. Formerly, Dr. Hillenbrand was editor of the A.D.A. Journal and will continue to supervise the publication until his successor is chosen. As chief executive of the Association, Dr. Hillenbrand replaced Dr. Harry B. Pinney, also of Chicago, who retired after 19 years of service.

The new dental executive of the Chicago College of Dental Surgery, Dental School of Loyola University. He was engaged in the private practice of dentistry from 1930 to 1945 when he became editor-in-chief of Associated publications. He formerly was editor of the Illinois Dental Journal and the Fortnightly Review of the Chicago Dental Society. He also is an associate professor of ethics and social relations at the Chicago College of Dental Surgery.

Editorial

The Bulletin is justly proud, and gratefully acknowledges the many, many fine constructive criticisms received from the membership during the past two years. Thus far, two projects have been attempted, and the results obtained in both have been most gratifying. First, to secure a complete list of the names and addresses of all members. The second project concerns scientific articles appearing in the Bulletin.

In October 1944, 712 copies of the Bulletin were mailed. 262 copies of this issue did not reach their intended destination, but they went to the dead letter office instead. With paper, labor, and the cost of material at such a premium, some immediate correction was necessary. The Post Office Department too, insists that office, street address, and zoning be observed, especially in the larger cities. A canvass was made using the double post card, which was inexpensive and effective. This information was secured, and a roster was composed. The October, 1946 issue proved that this has been a most worthwhile project, because only two Bulletins out of 840 copies did not reach their intended destination.

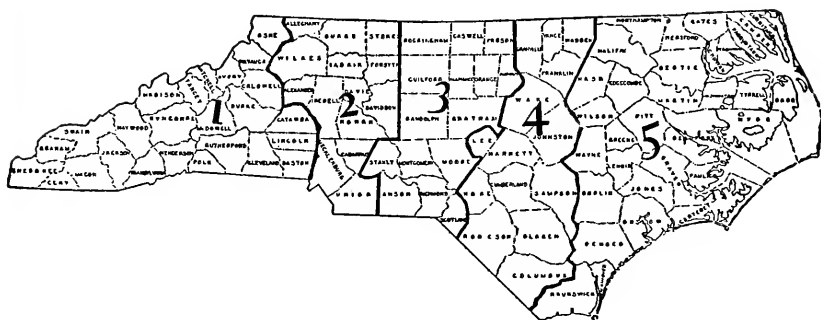
In conclusion to the question of scientific articles appearing in the Bulletin can best be analyzed by the following figures:

Expressing no preference.....	499
Expressing preference for national articles.....	40
Expressing preference for local articles.....	83
Expressing preference for both national and local articles....	84
Expressing preference of no scientific articles.....	9
Total cards.....	715

To say it another way, 207 members expressed a preference of having at least one scientific article appear in each issue of the Bulletin, but shouldn't the "no preference" 499 members have voted?

As a result of the present trend of desire, the Bulletin, beginning with October, 1946 issue, will carry one heretofore unpublished scientific article on some phase of dentistry. Read them, and if you consider them valuable, we will keep them coming. If not, express yourself.—L.F.B.

DISTRICT SOCIETIES



FIRST DISTRICT

OFFICERS

1946-47

DR. PAUL P. YATES, President.....	Lenoir
DR. H. M. MAY, President-Elect.....	Asheville
DR. S. H. STEELMAN, Vice-President.....	Lincolnton
DR. WILLIAM D. YELTON, Secretary-Treasurer.....	Hickory
DR. LUTHER C. ROLLINS, Editor.....	Canton

HOUSE OF DELEGATES

Dr. W. Kermit Chapman.....	Waynesville
Dr. Ralph Falls.....	Morganton
Dr. William Dovenport.....	Spruce Pine

Executive Committee

Dr. A. W. Bottoms

Dr. Jack Turbyfill

Dr. W. Kermit Chapman

FRIENDSHIP, LOYALTY, AND SERVICE *

By RALPH COFFEY, D.D.S., President

Mr. Chairman, Members of the First District Dental Society, Visitors, Ladies:



Dr. Coffey

In 1939 I became an officer in this society and have served continuously since that time, for this honor I am deeply appreciative. I have at all times been aware of the footsteps of the eminent men who have proceeded me, their acts have served as an inspiration and a guide for me. To me my Dental Society comes only after my Church so you can realize what it means to me to be able to report that the First District is second in the State in size, having 181 members. Our Treasurer's report will show that we are in sound financial condition but above all I want to say that I think we have the best District in the State. Any question contrary to this will be ruled out of order in this meeting. The position that the

Society enjoys has been attained by the efforts and the excellent cooperation of all the Officers, Committees and Members. I know that it gives you a feeling of great satisfaction to have had a part in it—it does me. I would at this time like to express my appreciation to you who have helped me. I have never, since I became an Officer in this Society, asked help from a man of you who has not instantly, gladly and efficiently responded. I think that this is a rather remarkable statement to be able to make of any group, particularly when the statement covers a period of seven years and includes innumerable requests for service. This is the best living example I can think of, of what lies behind the true spirit of our organization, Friendship, Loyalty and Service—that spirit which makes our Society, I repeat, the best in the State. To me this meeting is a glorious occasion. Mine is the privilege of officially saying to you men who have been in the Armed Forces, "Welcome home and welcome back into the Society". All of us remember our annual meeting in Waynesville in 1941, all attendance records were broken that year. We did not know at the time that it was to be our last meeting before the war, but to all of us I think there was some sort of a farewell to it and true it was. Since then our meetings have all been marred by you boys being away. It is hard to express the feeling at those meetings, I shall not attempt to. But we want you to know that your absence was there at each meeting, it was felt by each of us and replaced by nothing but your return. We are glad to have you back and are thankful. I hope that the years that you have been absent have in no way tended to lessen the feeling that this is your Society and that you are a vital part of it because it is and you are a necessary part of it, and now that you are back let us all strive together to make it an even finer organization than it is. All of the meetings have been held with the exception of the one last year, restrictions made it impossible. I appointed one of your fellow Officers to the Executive Committee to serve the unexpired term of Dr. S. P. Gay. We have had call meetings of the Executive Committee and one of the Society to act on mat-

ters that in our opinion were what you boys were fighting for. We, who remain at home, have given our best at a time to us was in no semblance normal in as far as Dentistry was concerned particularly. There has never been such a demand by the public for dental care and treatment and so few dentists to handle it. I do not mean to infer that the situation has been handled perfectly but under the prevailing conditions I feel that your fellow members have made a creditable showing. I wish to welcome the new members who are attending their first meeting and also those of you who will become members during this session. There is one thing which I hope you will carry away from this meeting with you, that is, that your opportunity for service to organized dentistry is unlimited. Our organization is not perfect and your opinions and criticisms will make it better. However, we should remember that before we make a destructive criticism of the District, State, or A.D.A. we should first ask ourselves what we are doing and what we are willing to do to make it a better one. All three are democratic organizations and it is our duty to offer constructive criticism and to make corrections of mistakes. It is also our duty to do our bit in the work or action required to bring about these improvements. If we do not wish to put forth the necessary effort to accomplish these things then I feel that we should abide by the course that has been chosen by the organization and make no destructive criticism of it.

My recommendations this year consists of three: First, **Candidates for Membership**, Article II of the By-Laws.

"Candidates for membership in the First District Dental Society having been recommended and approved by the Executive Committee, may be elected to membership by a majority of the members present". Every year for the past five years this law has been violated. There are always men intending to make application for membership who at the last minute are kept from attending the annual meeting by unavoidable circumstances. If this By-Law remains as it is we will have to deny these men membership for another year rather than to accept them by the unanimous approval of the Executive Committee as we have done during these years of violation. Another reason for its violation during the past few years was that upon graduation from a school of Dentistry the boys wanted membership in the A.D.A. and its components in order to secure a commission in the Armed Forces. You can imagine the confusion which would have been caused had we abided by this By-Law in these cases. Therefore I recommend that this By-Law be changed in that these emergencies can be taken care of in this manner or in some similar manner.

Second, Article III of the By-Laws, Section 2

"Any member who shall fail to pay his or her dues for two years shall be dropped from the roll of membership and shall not be re-elected until he or she shall have paid his or her dues for one year in arrears". The question here is, does the "re-elected" in the above By-Laws mean that a candidate for reinstatement has to have the same recommendation by and of the Executive Committee and be voted on by a majority of the members present or is he or she automatically re-elected by payment of dues one year in arrears? The feeling of the Executive Committee is that in addition to the payment of dues in arrears the candidate for reinstatement should be re-elected by the same procedure as is a new member. I recommend a clarification of this By-Law.

Third, each year the work of the Secretary-Treasurer increases in volume. It has increased to the point that it requires a large amount of stenographic work. I do not feel that the financial responsibility of this work for the society should rest upon the shoulders of the Secretary-Treasurer. I therefore recommend that the First District Dental Society pay the Secretary-Treasurer an annual salary of at least twenty-five dollars (\$25.00) to help defray the expense of necessary stenographic work.

In closing I wish to express my appreciation to you men who have helped plan and provide for this meeting. I particularly wish to thank the men here in Asheville and commend them to you. I would like also to express my gratitude to the Society for having honored me, my great hope is that I have in some small measure been worthy of it. I thank you—

*Read before the First District Dental Society, October 6, 1946, Asheville, North Carolina.

SECOND DISTRICT

OFFICERS

1946-47

DR. G. S. ALEXANDER, President.....	Kannapolis
DR. JOHN R. PHARR, President-Elect.....	Charlotte
DR. HAROLD THOMPSON, Vice-President.....	China Grove
DR. J. DONALD KISER, Secretary-Treasurer.....	Charlotte
DR. CARL L. THOMAS, Editor.....	Mt. Airy

HOUSE OF DELEGATES

Dr. George Alexander.....	Kannapolis
Dr. J. Donald Kiser.....	Charlotte
Dr. R. B. Harrell.....	Elkin
Dr. Frank W. Kirk.....	Salisbury
Dr. W. A. Ingram.....	Monroe

Executive Committee

Dr. W. A. Ingram	Dr. Frank W. Kirk	Dr. R. B. Harrell
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COMMITTEES

Program Committee

Dr. Frank W. Kirk
Dr. C. M. Parks
Dr. J. P. Reece
Dr. John McClung
Dr. Burke W. Fox
Dr. W. C. Taylor

Dental Relief Committee

Dr. G. A. Lazenby
Dr. Brown Morgan
Dr. Joe Davis

Clinic Committee

Dr. Olin W. Owen
Dr. Curtis Furr
Dr. W. B. Sherrod
Dr. Vaiden Kendrick
Dr. W. P. Weeks

Nominating Committee

Dr. Amos Bumgardner
Dr. Lester Holshouser
Dr. Homer Guion

Membership Committee

Dr. John R. Pharr
Dr. Wade Sowers
Dr. Maurice O. Fox
Dr. W. L. Ezell
Dr. M. L. Troutman

Necrology Committee

Dr. Ralph Jarrett
Dr. Edwin Lipe
Dr. R. T. Byerly
Dr. C. D. Wheeler
Dr. L. D. Arthur

Ethics Committee

Dr. John Ashby
Dr. R. H. Holiday
Dr. J. P. Bingham, Sr.

Constitution and By-Laws

Dr. F. O. Alford
Dr. Hugh Parks
Dr. J. W. Zimmerman

Local Arrangements Committee

Dr. Claude Parks
Dr. T. L. Blair
Dr. R. T. Byerly
Dr. D. L. Beavers

Entertainment Committee

Dr. W. B. Sherrod
Dr. L. R. Thompson

Dr. D. A. Jackson
Dr. Riley E. Spoon, Jr.

DENTAL ECONOMICS*

By R. PHILIP MELVIN, D.D.S., President



Dr. Melvin

"One ship sails East; another West, both driven by the self same winds that blow. It is not the gale, but the set of the sails which determine the way the ships go".

To those who wonder why a discourse of this nature should begin thus, it is because the above lines have in a large measure served as a gyroscope in life's procedure for one dentist here present.

The practice of dentistry, from the first day of a student's study of this specialty, until that final day when the last patient is treated, involves a countless number of difficulties and direct responsibilities. At the outset we, as members of one of our countries most highly respected professions, must equip our mental and physical faculties with only the best available in our day to offer the patient when he proffers his dental ails and health to our solution and disposal. In order to keep fit we must also replenish this store house of professional efficiency regularly and often throughout our practicing career. Such can best and probably only, be done through membership in our efforts toward organized dentistry.

Our first duty to every patient, regardless of circumstances or status, is to know of his desires and needs, and then state our case clearly, relate to him in a concise, honest, and direct manner, after careful and through oral examination, his dental needs. This, gentlemen, is most important and is our first responsibility to every patient who turns over to us the task of ascertaining his dental status. Whether the patient heeds our advice is, of course, beyond our control, but to those patients who do take our advice and seek our further treatment, it then becomes our duty to apply the golden rule to the letter in every step of every treatment administered. Each of us well know that this means a lot and certainly we should fall short of none of it. A dentist who follows slip shod methods in the realm of his practice is not only detrimental to his profession, but he is also a positive injury to the community in which he operates. He is not a good citizen, and isn't it more important to be a good citizen than a good dentist?

Our duty to the patient calls for treatments that are logically chosen and well administered, instead of just a little colored medicine applied; cavities prepared well and devoid of all decay, properly sterilized, pretreat-

ed and accurately filled with appropriately contacted and carved fillings and polished, instead of haphazard round holes in teeth and filled with cheap metallic or silicious plugs, thumb marked for identification. It calls for partial denture with clasps and rests dimensionally cast for the teeth to which they attach and with false teeth attachments which occlude in function for fear of impingement. It requires fixed bridges with accurately cast abutments which exactly fit abutment teeth and bare dummy teeth that occlude in function, instead of "wishy-washy" abutments which remain set only during the life of a poorly mixed cement and carry dummy teeth which do not occlude for fear of unseating the bridge. It demands well impressed, accurately balanced, smoothly finished, functionly articulated full dentures that are esthetic, instead of an amorphous something to teach our toothless friend more accurately the art of jaw juggling. It further demands extractions that are clean and complete with no roots or abscess fragments left in the sockets, instead of a "slubbered job", which hurts badly and often leaves the patient a souvenir in the form of a cyst, cellulitis or maybe osteomyelitis plus a very disagreeable taste for all that is or ever will be dentistry. Oral prophylaxis, which cleans each tooth thoroughly devoid of all tartar as well as visible dirt, instead of the few minutes brushing entirely too popular in our day.

Reminiscing in even so brief a review as above, causes us to know more clearly and weigh more heavily our great responsibility as dentists. How well we do the job and how nearly we live up to the foregoing general statements, governs largely even more than most of us realize, how much we think our service is worth, not to mention the all important question of how much our patients think it is worth. Every task well done is worth a reward. In our specialized capacity the better each task is done, the more protection and service it will render. Does it not follow then that pure honesty allows us to charge more in direct proportion to the effort expended and the service rendered? In corollary logic, can we not do better work and continue to do better work if we have the courage to ask and acumen to receive an honest and commensurate reward for our efforts? Experience has answered the two questions above more than a million times and in each instance the answer has been, "Yes".

Two dentists, who are very good friends, were talking recently and the older one asked, "How much did you gross last year?" The younger one replied, "I really haven't the least idea". The older one continued, "Did you gross more last year than the year before, and do you expect to do more this year than last?" The younger man answered, "I do not know, and

I always figured there were enough worries without adopting more. I just try to stay as busy as possible, charge enough to live and so far I haven't been quite able to do so." There was more of this conversation, after which the younger man genuinely thanked his friend, but this is enough to give us a working basis for consideration. This younger dentist, a fine fellow and a very good dentist, is one of the many thousands of us who are navigating with neither gyroscope nor rudder, on a rather perilous sea of hope and despair and are very apt to terminate our voyage on the shoals of poverty. No business venture ever succeeded except by sheer accident without a clear knowledge of the ratio between income and expense. Such accidents are growing less each day. Dentistry, as it applies to the dentist and his dependents, is a business, pure and simple; whether we admit this or not we know it to be a fact.

Having covered briefly our duties to our patient, we now come to the secondary consideration, but most important to us and to dental posterity. It is our duty to ourselves and dependents. The first consideration here is our capital investment, or that which we owe to ourselves or someone else for those happy years of preparation. This has been carefully considered and computed from a wide range of cases throughout our land by the Department of Dental Economics, Harvard University Dental School. The figure arrived at to cover cost in college, \$6000; time spent in studying six years, \$6000; and opening office, \$3000, makes a total of \$15,000 that must be refunded to ourselves or someone else, during our practice life. This because it was incurred as cost in our education. A logical way to refund this amount is to repay it in twenty annual installments of \$750 each, with interest at 2.5%. This, with interest means that we must repay about \$1125 annually for a period of twenty years if we expect to end financially as we started. This \$1125 is, of course, the first item of our overhead expense. New as it might seem to some of us, it's a fact and must be considered in its logical place. Adding this \$1125 to our present \$4000 average annual overhead expense in a one man office, and we have a total of \$5125. With the present tax rate a practice of this size will demand from about \$2000 annually in income tax. So we now have \$7125 as an annual overhead expense. Now let us divide this figure by 1,000, which is the number of productive chair hours that we had last year, and we find that we have an hourly overhead of approximately \$7.12, which must be earned, collected, and paid before we have one red copper to apply to our own salary. We can, and many of us have been forced to, work more than 1000 hours each year at the chair. But when we do this we can each of us be certain that we are saving at the faucet while leaking at the bung. These figures will

vary some, gentlemen, but very little, because they represent a cross section of 1200 modern dental practices surveyed in every part of the U.S.A. Allow me to again state that these are facts and must be considered as such. Of course, we can forget or "cuff" that first item of \$1125 as an annual expense and cut this chair cost down some. Foregoing this item though might mean the difference in economic independence and poverty in our declining years. This should be the very last item, for we who have had to pay our own expenses through college to forget or try to excuse.

The soul of man reaches its highest satisfaction for the thrill of a perfectly satisfied conscience, and for this ideal, we should ever strive. But it is in the intended nature of man to crave other thrills than those of soul. When we desire returns, expressed in words, deeds or dollars for our best efforts, there is not necessarily, a break in the moral fabric, even though there is not what might be termed a soul inspired desire. Certainly we must be ever mindful of the evil of overcharging a patient. We must enlighten each relative to health values and above all render a just bill of cost in each case.

Therefore, gentlemen, with this problem of over \$7 per hour overhead, how can we expect or hope to make money, or even expenses, doing alloys, oral prophylaxis, extractions for \$2, full dentures for \$25 to \$50; bridges for \$10 per tooth, etc. and still put enough time on each case to do an honest job for the patient? It is our problem and we can and must solve it. Surely it is said, "But doctor, my patients can't afford to pay high fees". To this statement the logical answer is, "No patient can afford to buy cheap dentistry". Everyone who has, does, or ever will, is the loser by that act. In most cases the self same individuals who howl "can't afford" are those who frequent our popular "beauty salons" most often and almost always drive a better automobile than any of us. The reason for this fact is obvious: They have been "sold" on cosmetology, automobiles and many other phases of so-called necessary modern living. Surely we do not care to, nor will we sell them in the same light on luxurious dentistry, but it is our duty to them to give the best in each case that we possess, and it is our duty to ourselves and family to courageously ask and see to it that they pay an honestly rendered, fair and reasonable fee for good services.

The plight of oral needs today is largely because of the failure of us as a profession to envision the above problem many years ago. By this I mean that not enough young men have entered training for dentistry during the last generation to adequately absorb the actual requirements of the growing population for basic dental needs. Reason? One large Dental Educational Institution has said that young men have not chosen dentistry because

the reward for the type of mental caliber it requires has proven to be much more lucrative in other fields of endeavor.

This is a nation wide problem and one that requires our united attention and forethought for its solution. Our best hope is the fact that today every dental school in the country is not only full, but has a large waiting list, but so are the maternity wards and nurseries.

Gentlemen, it has been one of the most lasting pleasures of my professional life to serve as your president, even in my feeble way. Please accept my thanks for your trust. What I have received credit for is largely undeserved because it was my fellow workers, the committeemen who actually did the work. To each and every one of them and to all of you I extend my most profound and sincere thanks.—1407 Reynolds Building, Winston-Salem, North Carolina.

*Read before the Second District Dental Society, October 21, 1946, Charlotte, N. C.

SPECIAL ATTENTION

The North Carolina Board of Dental Examiners must have enough money to operate if you and I are to be protected in the future. The Treasury is now depleted.

Your fullest cooperation is urgently requested to support an increase of \$2.00 for renewal license that must be passed during the January 1947 legislature.—John R. Pharr, D.D.S. Charlotte, North Carolina.

THIRD DISTRICT

OFFICERS

1946-47

DR. R. L. UNDERWOOD, President.....	Greensboro
DR. F. E. GILLIAM, President-Elect.....	Burlington
DR. CHARLES H. TEAGUE, Vice-President.....	Greensboro
DR. NORMAN F. ROSS, Secretary-Treasurer.....	Durham
DR. J. N. CAUDLE, Editor.....	Greensboro

HOUSE OF DELEGATES

Dr. Sam Shaffer.....	Greensboro
Dr. J. T. Lasley.....	Greensboro

Alternates

Dr. H. V. Murray
Dr. Dan Carr

Dr. C. I. Miller
Dr. Luther Butler

Dr. P. B. Whittington

Executive Committee

Dr. D. T. Carr, Chairman
Dr. C. C. Poindexter
Dr. J. T. Lasley

Program Committee

Dr. Neal Sheffield, Chairman
Dr. R. A. Wilkins
Dr. S. W. Shaffer

Legislative Committee

Dr. J. T. Lasley, Chairman
Dr. C. C. Poindexter
Dr. H. V. Murray
Dr. H. M. Hunsucker
Dr. W. A. Pressley

Table Clinics Committee

Dr. F. E. Gilliam, Chairman
Dr. L. M. Edwards, Jr.
Dr. P. B. Whittington, Jr.
Dr. M. E. Newton
Dr. R. W. Brannock
Dr. T. R. Zimmerman

Constitution and By-Laws

Dr. L. G. Coble, Chairman
Dr. H. E. Carr
Dr. C. I. Miller

Ethics Committee

Necrology Committee

Dr. J. S. Betts, Chairman
Dr. Jahn Swain
Dr. J. S. Spurgeon

Member Committee

Dr. Norman F. Rass, Chmn.
Dr. M. R. Evans
Dr. Howard Apple
Dr. L. G. Page
Dr. J. D. Bradsher
Dr. Everett Teague

Dental Relief Committee

Dr. C. A. Graham, Chairman
Dr. Geo. F. Kirkland
Dr. N. R. Callaghan
Dr. I. L. Henson

Dental Salvage

Dr. C. H. Teague, Chairman
Dr. Reid Garrett
Dr. R. H. Holden
Dr. W. R. McKaughen
Dr. J. B. Newman
Dr. J. N. Hester

Dr. O. L. Presnell, Chmn.

Dr. A. W. Craver
Dr. M. L. Cherry
Dr. Frank Atwater

Auditing Committee

Dr. Theodore Atwater, Chmn.
Dr. Kimball Griffin
Dr. Jan F. King

Golf Committee

Dr. L. M. Daniels, Chmn.
Dr. C. D. Kisler
Dr. Guy Willis
Dr. J. S. Moore

Dr. E. M. Medlin, Chairman
Dr. L. M. Daniels
Dr. Clell Caldwell

Arrangements Committee

Dr. G. G. Herr
Dr. H. W. Moore
Dr. A. A. McDuffie

Dr. J. C. Senter

EXPANSION OF DENTAL HEALTH AND INCREASE IN DUES*

By J. T. LASLEY, D.D.S., President

Mr. Vice President, Members off the Third District Dental Society, and Guests:



Dr. Lasley

It is an honor and privilege to have humbly served you as president the past year, and I am grateful for the wholehearted support of the society.

I wish to thank the various committees for the splendid cooperation and support given to make this meeting a success. I especially wish to thank the Program Committee and Table Clinics Committee for the splendid program which is to be presented.

In working out this meeting, we have tried to plan a balanced program of business and pleasure and I could not overlook special mention of the Golf and Arrangement Committees, and for our burden bearer, our good and faithful Secretary-Treasurer, Dr. Gilliam. I wish to personally thank you and I am sure the whole society would like to join me in expressing my appreciation for a job well done.

Our 26th annual meeting marks the first full-program meeting in five years; during the war years the meetings were designed to conform with the rules and regulations laid down by the war department; these rules had to conform with regulations and restrictions on travel, gas, tires, hotel reservations, meals, a restriction on numbers assembled at meetings; and to conform with these regulations, our meetings were curtailed to one-day meetings. I believe that we emerged from the war years with a stronger and more unified society.

I could not go further without welcoming the returned servicemen. The society is indebted to you for the splendid services you rendered to the nation. You have given unselfishly of your talents in the interest of human welfare without material gain. The joy of knowing that you have done your duty by contributing your part to the relief of suffering and the enrichment of human life, has endeared you in the hearts of your fellow practioners and the public at large, and has increased the prestige of dentistry in the nation.

The war brought about conditions in the nation which has caused undue scarcity in housing and office space. This has caused a hardship on us all, but those who were fortunate enough to have extra space have shared with the returning servicemen. Others have lent a helping hand in every way possible. We indeed welcome you home, this is your society and this meeting is dedicated to you.

To the clinicians who have contributed to making this meeting a great success we are indeed thankful to you for we are aware that you have spent much valuable time. As to the local clinics this is one of the most essential

parts of our meeting; in fact, it is the very purpose of the districts in our society, the development of local talent. In the future I hope that we can increase the number of clinics.

It is not the custom for the district presidents to give a lengthy address on the progress of dentistry during the year or two suggest policies of the future; the progress last year was presented at Pinehurst by Dr. Barker. This year's progress will be presented by our own Dr. Medlin at our spring meeting at Pinehurst.

However, there are a few suggestions and recommendations I would like to make for your consideration. Last year there was a lot of additional work placed on the shoulders of the Secretary-Treasurer and President, caused by the fight on the Wagner-Dingell-Murray Bill. This issue has not been settled and will require much more work; therefore, I would like to suggest that we appoint a legislative committee of five to lighten the load of the Secretary-Treasurer in these matters. The day has come when the dental profession must fight for its rightful place in solving the health problems that are facing us, not only from a national standpoint but in each rural locality. Last year Congress allocated money, in the form of a grant, in aid to states for the erection of hospitals and the establishment of research centers. This brings about another urgent problem which cannot be put off. Under this heading would come the decision we must make as to whether we are going to favor a dental school in our state and many other problems just as urgent.

If a dental school is to be established (which I, personally, am in favor of), it will in all probability be established in this district; therefore, I would suggest an Educational Committee be appointed to lend its support to the state society in event the society goes on record favoring such project.

At our state meeting the society went on record as favoring Post-graduate Extension Courses similar to those given before the war. I think we should go on record as favoring this project by appointing a committee to work with the State Committee. During the past few years we have not had the time nor opportunity to hear and see our outstanding clinicians; this should meet a very definite need at this time.

Last year was the centennial celebration of the discovery of nitrous oxide by Horace Wells. This year we are honoring the memory of another man and event of 100 years ago, Dr. W. T. G. Morton, who first introduced ether as a general anesthesia; we have a special place in our program commemorating Dr. Morton. These events of a century ago completely revolutionized the practice of surgery. We are today faced with events which may affect the human race for years to come.

The enrollment in dental schools for this year shows an increased interest of the college students in the profession of dentistry at the beginning of the 1947 term. In September there was approximately 8,000 students enrolled; Freshmen 3,000, Sophomores 1,200, Juniors 1,850, and Seniors 2,150. If this figure can be maintained it should begin to decrease the number of

patients per-dentist per-capita. Average figures released by the A.D.A. Journal shows that N. C. is among the highest average, approximately one dentist to each 4,000 patients, N. J. a low with 980. It is also significant to note that N. C. led the nation in the year of 1943 in the percentage of men rejected for service in the armed forces.

This data was released by Institute of Research in Social Science at the University of North Carolina. To this report Dr. Carl V. Reynolds, State Health Head, replied, "Give us the support in financial backing to build a program of preventive medicine and to expand our remediable health program, and we will give you a better health report".

I think the Dental Societies in our state could say the same thing if Dr. Branch could have put at his disposal the money to secure men at a salary that would be more attractive, and to expand the educational programs in our schools.

To Dr. Branch I think the society owes a debt of gratitude for the splendid services rendered the State Board of Health, and we should stand ready to give our support in securing funds from the Legislature to expand this program in the state.

The dental cripples among the children is great, and is of great concern to us. I see no better place to go about remedying this problem than by increased personnel in our health department and increased education to both parent and child concerning the care of the teeth. It sure cannot be done in the private dental office, for most of the children that make their first visit to the family dentist is already in the dental cripple class.

MEMBERSHIP AND DUES

At the beginning of 1946 there were 131 members all told, these members were classified as follows:

Current members—76

Members in military service—24

State life members—25

A.D.A. life members—6

(30 years membership or over 65 years of age)

By current members we mean those who pay dues to the local society which is \$2.00, the rest is remitted to the state society and A.D.A. Current dues collected this year was \$152.00.

Next year the estimated current members, with the servicemen returned to active practice and new members, will be approximately 95 with \$190.00 in current dues.

My purpose in presenting these facts to you is to show what small budget we have in face of the ever-rising cost in operating the society; this, I believe, is the duty of the Executive Committee.

The Constitution and by-laws state that no more money can be spent in each calendar year than is collected in dues; I would therefore recommend that the Executive Committee raise the current dues \$1.00.

To impress you with what I have been trying to say I am reminded of a joke concerning two Georgia colored lads—Two lads were loitering in the shade one hot summer day; one a small skinny chap, 5 feet 2 inches tall, weight 120 lbs., the other 6 feet 2 inches tall, weight 260 lbs. Said the small lad to the powerful lad, "If I were as strong and powerful as you, you know what I would do? I would go out in those woods and meet up with the largest bear out there and crush him to death with my bare hands". This aroused the big lad to where he opened one eye and replied, "Listen, small boy, don't let that worry you, there be many small bear in them there woods".

All of us may not be able to tackle the large jobs, but there are always small jobs to be done.—Greensboro, N. C.

*Read before the Third District Dental Society, Nov. 4, 1946, Southern Pines, North Carolina.

DISTRICT NEWS ITEMS

By J. N. CAUDLE, District Editor

Dr. Bernard Walker, of Charlotte, gave a very interesting Clinic at the Guilford County Dental Meeting on April 2, 1946 at the Sheraton Hotel in High Point.

Dr. Neal Sheffield entertained a group of dentists with a barbecue at his cabin near Greensboro. A fine time was had by all.

Dr. Fred A. Slack, University of Pennsylvania Dental School, gave a Clinic on "Taking Lower Impressions" before the Guilford County Dental Society at the May meeting. There were a number of out of town visitors at this meeting.

Dr. R. F. Overcash has returned from service and is now located in Albemarle.

We hear that Dr. F. T. Webster is now located in Madison since returning from service.

Dr. Jack Menius, Monroe, is now located in Asheboro taking the office of Dr. J. G. Crutchfield, who is now connected with the Virginia Dental Company.

Dr. J. T. Lashley entertained the executive committee of the 3rd District Dental Society at his home in Greensboro, in June. After the delightful meal, a business meeting was held to plan the program for the November meeting.

Drs. W. A. Pressly and H. M. Hunsucker gave a Brunswick Stew for their Medical and Dental friends at the Greensboro Country Club.

Dr. Ross Pringle, formerly with the Greensboro Health Department, is at present taking care of the practice of Dr. W. A. Walters, who has been out of his office for sometime due to illness.

Dr. W. L. Kirby, dermatologist of Winston-Salem, was guest speaker for the September meeting held in Greensboro, at the O'Henry Hotel. He used as his subject, "Care of the Dentist's Hands," which is very important to the dentist.

FOURTH DISTRICT

OFFICERS

1946-47

DR. J. WALTON BRANHAM, President.....	Raleigh
DR. J. W. HUNTER, President-elect.....	Sanford
DR. D. T. SMITHWICK, Vice-President.....	Louisburg
DR. J. J. TEW, Secretary-Treasurer.....	Clayton
DR. MARVIN T. JONES, Editor.....	Apex

COMMITTEES

Program

C. W. Sanders, Chairman
D. L. Pridgen
Marcus Smith

Entertainment

Edward Baker, Chairman
Howard Allen
R. M. Olive, Jr.

District Council On Dental Health

Fred Hale, Chairman
Marvin T. Jones
L. J. Moore, Jr.

A.D.A. Relief Fund

Dr. W. W. Rankin, Chairman
Dr. Henry Ligon, Jr.
Dr. Paul T. Harrell

Ethics

Dr. Wilbur Jackson, Chairman
Dr. J. H. Judd
Dr. Walter McRae

State Institutions

Dr. Kenneth Johnson, Chairman
Dr. D. T. Smithwick
Dr. H. O. Lineberger

Membership

Dr. Thomas Hunter, Chairman
Dr. C. E. Abernathy
Dr. R. J. Noble

Publicity

Dr. J. E. Swindell, Chairman
Dr. J. R. Edwards, Jr.
Dr. R. L. Eagles

VETERAN'S ADMINISTRATION AND STATE INSTITUTIONS*

By W. HOWARD BRANCH, D.D.S., President

Mr. Chairman, Fellow Members of the Society and Guests:



Dr. Branch

It is a special privilege and sincere pleasure to greet and welcome you to the twenty-sixth annual meeting of the Fourth District Dental Society. I am especially glad to welcome members of our profession from other districts and those from outside our State, who are here for our meeting.

A most cordial welcome is extended to the returned Veteran Dentists with us today, who served our country so faithfully and loyally during the war years. Regardless of the hard work and long hours that were required of us who stayed at home, we feel that the sacrifices of these brave men were far greater than ours. Therefore, it becomes our duty to assist these men, in every way possible, in getting re-established in their former locations or in new locations of their choice. Many of these dentists who have returned from service have become permanently located but there are others who are only temporarily established, awaiting office space or equipment. All of us should recognize a fact that we are apt to forget—namely, that a long war, during which so many changes took place, means a slow return to normal conditions. If there are among us any members of our society who would be interested in an associateship, or who may have extra office space or equipment available, you could render a great service by contacting a Veteran Dentist who is awaiting just such an opportunity. I would suggest that you, as well as the Veteran Dentist, contact Dr. H. O. Lineberger, a member of the Military Affairs Committee, or Dr. E. D. Baker, Secretary-Treasurer of the Veterans of the North Carolina Dental Society, who have kindly consented to handle this matter for our District.

I wish to impress upon the new members of the Society the importance of attending all meetings and cheerfully accepting any opportunity to perform any task requested of you. Always feel free to discuss your problems with other members of your profession and strive for close cooperation with your neighboring dentist. The future of our Society depends largely upon how united we stand in working together, striving not only to maintain our present high professional standards but to raise them even higher.

At this time I wish to mention some of the outstanding work and permanent improvements being made in the dental departments of our State Institutions. Under the splendid and able leadership of one of our members, Dr. H. O. Lineberger, as Chairman of the North Carolina Hospitals Board of Control, and through the untiring efforts of the members of the State Institution Committee of the North Carolina Dental Society many accomplishments have been made. Chiefly among these have been the installation of four complete units of office equipment, an increase in personnel, and the establishment of a well-rounded program of eliminating infection through oral surgery and oral hygiene. Feeling that I am speaking in behalf of the members of this Society, I wish to commend Dr. Lineberger for his loyal and faithful service to his profession and to humanity, not only through this assignment but also through many other responsible and important tasks that have been assigned to him in the past.

If you will pardon a personal reference, I should like to take this, my first opportunity to publicly express my admiration and devotion for one of our fellow members, whose high ideals and fine traits of character have been a source of great inspiration to me since early manhood, when I first thought of entering the dental profession. During his busy life, he has always found time to give advice and assistance to those who were seeking it. His many noble deeds towards the advancement of his profession and his many acts of kindness have won for him a place of honor and respect in the hearts of his fellowman. This gentleman and friend is none other than our own beloved fellow-practitioner, Dr. J. Martin Fleming.

I wish to thank our essayists and clinicians who have given so freely of their talent, time and ability to appear on our program. We deeply appreciate the sacrifices of these outstanding men made in behalf of better dentistry.

I am grateful to the officers and members of the various committees of this Society for their cooperation and support during my term of office. I am especially grateful to the program and entertainment committees who have given unsparingly of their time and effort in making this meeting possible and successful.

In closing I desire to express my sincere appreciation and thanks to the members of this society for the honor and privilege of having served as your president. For your confidence and trust I shall ever be grateful.

*Read before the Fourth District Dental Society, October 29, 1946, Raleigh, N. C.

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2,666 GRADUATED

Dental schools in the United States graduated 2,666 new dentists during the 1945-46 school year, the Council on Dental Education of the American Dental Association reported today.

★ ★ ★

Present freshman enrollment at the nation's 40 dental schools, however, is in excess of 3,000 students, the highest in twenty years. Approximately 90 per cent of the beginning dental students are veterans of World War II.

FIFTH DISTRICT

OFFICERS

1946-47

DR. J. F. DUKE, President.....	Washington
DR. R. E. WILLIAMS, President-Elect.....	Goldsboro
DR. R. L. TOMLINSON, Vice-President.....	Wilson
DR. S. C. MARKS, Secretary-Treasurer.....	Wilmington
DR. M. M. LILLY, Editor.....	Scotland Neck

HOUSE OF DELEGATES

Dr. A. L. Wooten.....	Wilson
Dr. Paul Fitzgerald.....	Greenville
Dr. Z. L. Edwards.....	Washington

Program Committee

Dr. A. T. Jennette
Dr. Dan Wright
Dr. Ed Eatman

Membership Committee

Dr. H. E. Butler
Dr. W. T. Ralph
Dr. F. D. Bell

Clinic Committee

Dr. Darden Eure
Dr. C. D. Eatman
Dr. C. B. Johnson

Hospital Committee

Dr. Paul Fitzgerald
Dr. Guy Pigford
Dr. A. R. Mallard

Dental Health CommitteeDental Decay Committee

Dr. Herbert Spear	Dr. G. L. Overman
Dr. J. B. Powell	Dr. M. B. Massey
Dr. L. R. Turner	Dr. R. F. Hunt

Necrology Committee

Dr. B. McK. Johnson
Dr. C. B. Johnson
Dr. F. H. Coleman

Auditing Committee

Dr. H. E. Nixon
Dr. Clyde Minges
Dr. Dewey Boseman

Relief Committee

Dr. Junius C. Smith
Dr. W. I. Hunt
Dr. O. L. Wilson

Resolutions

Dr. Z. L. Edwards
Dr. W. H. Young
Dr. R. E. Williams

Arrangements Committee

Dr. R. E. Williams
Dr. G. L. Overman
Dr. A. C. Early
Dr. A. B. Mallard

DENTAL DECAY COMMITTEE*

By G. L. OVERMAN, D.D.S., President

Mr. Chairman, Members of the Fifth District, and Guests:



Dr. Overman

It is a genuine pleasure and privilege to welcome all of you to another meeting of the Fifth District Dental Society. I am aware of my unworthiness of the trust that you have placed on me by electing me your President. However, I would not be so ungrateful as not to acknowledge my gratitude of this distinctive honor, for it is an honor to be placed at the head of this Society.

You have heard it said that "Wherever there is an honor, there is also a responsibility", and I have felt this very keenly. The rapid changes taking place in our world today demands the highest and best that is in us. The events of the past few years are too fresh in our

minds to demand review at this time. The record of the Dental Profession speaks for itself as to whether we measured up to its highest purpose.

Today we find ourselves in the midst of new situations which call into being creative powers to meet them constructively. We are face to face with problems and needs, and shall continue to face problems which will call for united efforts. The Wagner-Murray-Dingell Bill and other bills are good examples of this.

When one has practiced dentistry for one score years, he is able to visualize the past, appreciate the present and look with anticipation toward the future. The pioneers of dentistry did a fine job with the things they had at hand, and we are ever grateful to them. They designed instruments, relieved suffering humanity, and all without the aid of our modern-day equipment. They also gave us an organized profession. When we think of the handicaps these early fathers of our profession had, we appreciate and marvel at the present. Today we have many scientific instruments, restoration materials that our pioneers never dreamed of, and many other new developments that enable us to better serve humanity. But the thing that concerns us most is the future. As we examine our thoughts carefully, we realize that the future holds many problems for us, but I think our No. 1 problem is the ever increasing percentage of dental decay. It seems to me that every year we have a greater number of cavities, especially among the teen-age and younger children. It is time for us to get together on this problem, so that we may give an honest and direct, helpful answer to the mother who asks, "What shall I do to keep my child's teeth from decaying?" This problem must be given much serious thought. As for myself, I have not contributed time nor means to its solution. However, as a beginner, I believe if we had a Dental Decay Committee whose responsibility it would be to create interest in dental research by making reports of findings in other sections of the country, and by using any other methods that they chose, that

we as an organization would be able to in some degree play our part as an individual, and also as a group, in preventing this disease. I plead for the same zeal and enthusiasm toward a peace time constructive Dental program that we had during our war emergencies. We need to understand that peace is not a luxury to be enjoyed, but a responsibility to be assumed. Let us pool our concerns, plan jointly for a better Dental program and look toward the future with confidence and great anticipation.

As we think of the future, and how best we can serve the public, I believe the time has come when each city and county hospital should have a complete dental department. This department should be fully equipped, with a complete set of dental instruments. There are cases, almost daily, in every hospital that needs capable dental service. When we fail to render a complete dental service to our community we are inviting socialized dentistry.

I want to take this opportunity to say, we are proud of the fine work the Oral Hygiene Division of the State Board of Health is doing. We sincerely appreciate the efforts of those whose responsibility this has been and is today. I also want to state that due to the untiring efforts of Drs. C. C. Poindexter and H. O. Lineberger, we find the Dental Departments of our State Institutions much improved. I believe that the patients in each of our State Institutions are receiving adequate dental treatment, but of course, we must continue to improve the Dental Departments of these Institutions, so that we may give a broader and better service to the unfortunate of our State. Today, I believe, should we compare the Dental Departments of our State Institutions of North Carolina with those of the other forty-seven states, we would rate about fourth or fifth place in rendering treatment to their inmates. We are proud of this record.

I should like to make the following recommendations:

- 1st—That we have a Dental Decay Committee.
- 2nd—That the State Institution Committee be listed as "The State, County and City Hospitals Committee".
- 3rd—That we begin once more selecting our meetings place a year in advance.

I would not close without saying we are grateful to the dentists of Wilson for allowing us to meet in their city. We always enjoy being here and have looked forward to this gathering.

I want to also thank all the officers and committee members who have given so unselfishly of their time and effort to carry on the activities of this society during the past year. What success we have enjoyed this year may be credited to them. I want to thank each one of you and say it has been a pleasure to work with you.—Goldsboro.



These men served our country, from the Fifth District.

THE DENTIST AND THE CHILD PATIENT

By WALTER T. McFALL, D.D.S., F.I.C.D.

More and more the dentist is being called upon to give adequate and scientifically approved professional services for the child patient. Dentistry as a profession is "more on the spot" during these hectic so-called good times, than ever before in our history. The public and the parents will tolerate some tall tales and unacceptable excuses when dental appointments concern adults, but when a child is suffering or needs dental care—real professional services are rightfully expected and demanded. We have taught the public that our best services are preventive services. The public is taking us at our own word for where better can our preventive services start than in the mouths of little children.

On the U. S. Post Office in Washington one may read "Carry Truth and Life to all Men". Surely this is something of the aspiration and inherent feeling you had as you graduated, successfully passed your State Board of Dental Examiners and actually began to place meaning into your well-deserved and hard-won degree of Doctor of Dental Surgery. Do you still feel as you did when you graduated? Why not? Have you changed, or your ideals or what?

Yes, we are living in an age of prevention. In dentistry it is not easily defined. We treat adults, youth and little children. Preventive dentistry is not the same in all groups. We use means to preserve the oral cavity in a state of health; to increase dental and general health efficiency.

Somehow, somewhere in the realm of the disproved, better-to-be forgotten dogmatic past, the current idea among dentist has been that operative procedures for the child patient are always attended with much of disappointing effort and resultant discomfort to both the dentist and child. This is no more scientifically true today than is the theory that emetine will positively cure pyorrhea. Twenty-five years ago we guessed, we hoped, but the average dentist did not know much about children because he worked for very few during his undergraduate days and often only those he was forced to work for afterwards.

One does not have to be a wizard, a clown, or an unusual dentist to serve children successfully and satisfactorily. The average dentist is more afraid of a child than is the child of a dentist. Why? One reason is because the average dentist has neither studied nor tried to understand the child nor has the dentist adequately prepared himself or equipped his reception room and dental office to serve and attract children. Any fundamental approach to a child's behavior or reactions to give situations necessitates a working basis agreement of certain concepts. Nothing is constant but change; often the dentist is the only one who must change.

Generally behavior is purposive; that is, one strives so to orient himself towards environment and circumstances as to produce a maximum of

well-being and pleasure, a minimum of pain or unhappiness. True, much of this action appears as unconscious effort yet if carefully examined we shall find from a practical standpoint that motivation behind behavior is largely emotional. Yes, one learns quite early that feeling precedes knowing and continues largely to dominate an individual's behavior. Daily we may prove that intellect and reason play us funny tricks in our investments, marriage, friends, and even our occupations. A child's life is an ever-increasing succession of reactions to situations which, as he truly feels them, represent way of avoiding pain or winning pleasure and satisfaction.

"You can lead the horse to water but you cannot make him drink". Yes, we can teach children, but they must do the learning themselves. Too often parents, teachers and dentists resort to "reason" appeals, threats and punishment—and in spite of all adult intelligence, experience, and rationalization children often do not feel within themselves that they wish to do what they should. Are children afraid of you as a dentist? If so, why are they afraid? Fear is an emotional response in children and they are not easily reasoned with nor do words, rewards and promises change their innermost feelings and desires. Lack of confidence is closely allied to fear so the dentist must never lie to children or parents if he would succeed in winning their confidence. Dentists can never expect to hold the confidence of children until they merit the respect of the parents. Too often dentists have found fault with parent's prejudices and children's attitudes without ever taking inventory of why folks, and especially children, do not like the dentist.

What is a child? "A person who is going to carry on what you have started. He is going to sit where you are sitting and attend to the things you think so important. He is going to move in and take over your churches, schools, universities, corporations, councils and prisons. The future and destiny of humanity are in his little hands, so it might be well to pay him a little attention now". I said a moment ago the dentist needs to examine himself. Olson furnishes some actual and practical help for the dentist who wants to do his part and be his best.

REACTIONS OF CHILDREN TO DENTAL OFFICE PROCEDURES

(Children age 8 - 12)

TABLE I	THE THINGS THEY LIKED	SYMBOLS*	CASES
1.	Calling me by my first name when I came in	V	40
2.	Showing me all around the office and laboratory	V	32
3.	Having magazines, books, paper, pencil and things to play with in reception room	—	43
4.	Having interesting pictures on the wall	—	36
5.	Talking about the things I like to do	V	30
6.	Explaining what he is going to do and how he is going to do it	VV	41
7.	Giving me a mirror so that I can watch the work	VV	32
8.	Telling me about the instruments and what they are for	VV	34
9.	Giving me a signal I can use when it begins to hurt	V	40
10.	Stopping when I tell him to	VV	42

11. Taking pictures of my teeth	—	30
12. Treating me like he does a "grown-up"	—	22
13. Using flavor in the mouthwash and cleaning powder	—	31
14. Keeping my mother and father in the office when he is working	VV	23
15. Giving me toothpaste or some other little thing after the work is finished	—	38
16. Giving me the teeth that are taken out	—	39
17. Telling me "You are a good patient" or something like that	—	35

TABLE I SYMBOLS:

- VV—Indicates unsound procedures for the economic success in the practice of dentistry for children and a lowering of operative standards that will result in poor dentistry.
 V—Indicates procedures that will waste time or may or may not have a beneficial effect upon the development of the patient.

TABLE II	THE THINGS THEY DISLIKED	SYMBOLS*	CASES
1.	Keep me waiting	—	40
2.	Asking questions about my age, grade, school teacher and birthday to make conversation	—	20
3.	Putting all of his tools out in front of me at once	XX	20
4.	Telling me it won't hurt even if it will	—	41
5.	Staring at me while he is working	XX	43
6.	Scolding me for not sitting still and following directions	X	42
7.	Making fun of me, calling me a "baby" or something like that	X	47
8.	Comparing me with other children	X	30
9.	Trying to be funny or acting silly	—	24
10.	Telling my parents that I was hard to work on	X	36

TABLE II SYMBOLS

- XX—Indicates methods necessary for proper operative procedures and conducive to good dentistry.

- X—Indicates methods that frequently will improve the behavior of the child patient.

(Accepted Technics in Children's Dentistry, Michigan State Department of Health, Lansing, Michigan).

If one is giving serious consideration to the management of a child patient, he must think of and plan toward what children like and dislike. A pleasant reception room does not need be a nursery or a fairyland. Instinctively children know if the dentist or the assistants sincerely like child patients. Children should be told the truth so do not try to fool them or lie to them. In the operating room be sure to have a regular systematic routine of child patient handling. Inspire both the parent and the child that you can and will do what is necessary. Since nothing succeeds like success be sure you do know what you are doing. Be sure to make the patient comfortable in the dental chair. Use good common sense. Be pleasant and professional but also firm and scientifically accurate. Neither children nor parents come to the dental office for entertainment, but for dental health services. Give patients what they come for and believe in what you are doing and can do to benefit a child's health, good looks and happiness. You are the doctor, so please answer the challenge to the children of you community: Is dentistry going to serve the child patient as it should and must or will you wait for others to take your place in a profession which has no right to exist unless we serve the child patient?—602-618 Flatiron Building, Asheville, North Carolina.

**AS A MATTER OF RECORD
MEETING OF PROGRAM-CLINIC COMMITTEE**

Raleigh, N. C.

Sir Walter Hotel

Monday Evening, October 28, 1946

10:45 P. M.

The Program-Clinic Committee met this evening following a meeting of the Executive Committee.

Those present:

Donald Kiser, Chairman
K. L. Johnson
J. W. Branham
W. L. McRae

E. M. Medlin, ex-officio
R. M. Oliver, ex-officio
Marcus Smith, ex-officio
C. W. Sanders, ex-officio

Many and varied questions relating to the program of our next meeting were discussed. It was found that much has been accomplished thus far in securing leading clinicians, lectures and essayist for the meeting.

There being no further business the meeting adjourned.

C. W. Sanders,
Secretary-Treasurer

**MINUTES
MEETING OF EXECUTIVE COMMITTEE**

Raleigh, N. C.

Sir Walter Hotel

Monday, October 28, 1946

9:30 P. M.

The Executive Committee of the North Carolina Dental Society met in Raleigh this evening following the Fourth District banquet at the Sir Walter Hotel.

Members present were:

C. C. Poindexter, Chairman
F. O. Alford
S. L. Bobbitt

E. M. Medlin, ex-officio
R. M. Olive, ex-officio
Marcus Smith, ex-officio
C. W. Sanders, ex-officio

Dr. J. W. Branham made a report to the committee on progress being made toward setting up exhibits for the May meeting. Changes in prices for exhibit spaces were discussed and it was decided to secure contract for uniform exhibit services for the next meeting. Following further discussion a motion was made by Dr. Alford, seconded by Dr. Bobbitt and carried that Dr. Branham and the secretary handle all matters pertaining to the exhibits in accordance with their best judgment.

Dr. Fred Hale appeared before the committee and suggested that thought be given to a feeling which is present among a part of our membership that it might prove wise to begin study relating to the certification of members in the specialties.

Motion was made by Dr. Alford, seconded, by Dr. Olive and carried that President Medlin appoint a member from each specialty represented in the North Carolina Dental Society and one member from general practice, to make a study relating to the advisability and practicability of a program to certify specialties in the North Carolina Dental Society and that these men make a report on their findings to the House of Delegates at the next State meeting in May. It is felt that this matter requires much study before an opinion is formed. Chairman Poindexter suggests that a study should be made of the procedures and programs adopted by other state dental organizations which make a practice of certifying their members in the different specialties.

The program for our May meeting was studied and the work accomplished on it to date was approved. Motion made by Dr. Alford, seconded by Dr. Bobbitt and carried that permission be granted the President and Secretary to finish the program for the next State meeting as they find most advisable.

Meeting adjourned at 11:40.

C. W. Sanders
Secretary-Treasurer

ANNOUNCEMENTS OF COMING EVENTS

The ninety-first anniversary meeting of the North Carolina Dental Society will be held on May 5, 6, 7, 1947 at the Carolina Hotel, Pinehurst, N. C.



The Ocean Forest Hotel, Myrtle Beach is the designated place of the 1947 meeting of the South Carolina Dental Society, April 27, 28, and 29.

The Mid Winter meeting of the Chicago Dental Society is to meet February 10-13, 1947 at the Stevens Hotel.



The Thomas P. Hinman Mid-Winter Clinic will be held in the Municipal auditorium, Atlanta, Georgia, March 23, 24, 25, 1947.



Revised editions of the booklet, "The Story of an Association", which describes the origin and development of the American Dental Association, are being distributed by the Bureau of Public Relations. The new edition contains 26 chapter headings ranging from a short history of organized dentistry to a complete summary of current activities of the Association, its committees, councils and bureaus. Included are outlines of the Associations governmental structures, a special chapter of finances showing major sources of income and principal expenditures, and descriptions of functions of each department. In all, the booklet's 64 pages provide a thorough view of professional activities of interest to all dentists. Copies may be secured free of charge by sending a postal card request to the Bureau of Public Relations, American Dental Association, 222 East Superior Street, Chicago.

THE
BULLETIN
OF
The North Carolina
Dental Society

COMPONENT OF THE AMERICAN DENTAL ASSOCIATION



OFFICIAL PROGRAM
OF THE
NINETY FIRST ANNIVERSARY MEETING
AT THE
CAROLINA HOTEL
PINEHURST, NORTH CAROLINA
MAY 5, 6, 7, 1947

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CHARLOTTE, N. C.

No. 4

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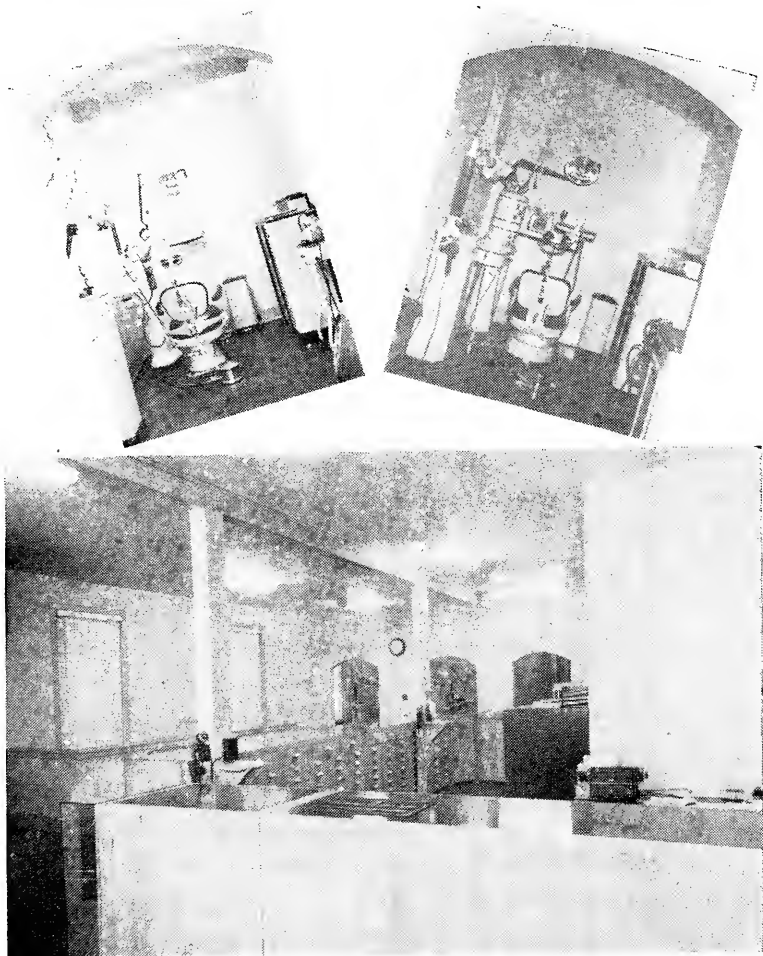
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To

DR. DAVID K. LOCKHART

Whose kindness, gentleness, and unflinching
courtesy have endeared him to his
fellow dentists, patients,
and friends.

THE BULLETIN

—of—

THE NORTH CAROLINA DENTAL SOCIETY

(Component of the American Dental Association)

Vol. 30

APRIL, 1947

No. 4

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OFFICERS 1946-47

DR. E. M. MEDLIN, President.....Aberdeen
DR. R. M. OLIVE, President-Elect.....Fayetteville
DR. M. R. SMITH, Vice-President.....Raeford
DR. C. W. SANDERS, Secretary-Treasurer.....Benson

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DR. F. O. ALFORD (1948).....Charlotte
DR. S. L. BOBBITT (1949).....Raleigh
DR. E. M. MEDLIN (ex-officio).....Aberdeen
DR. R. M. OLIVE (ex-officio).....Fayetteville
DR. C. W. SANDERS (ex-officio).....Benson

EDITOR-PUBLISHER

DR. L. FRANKLIN BUMGARDNER.....Charlotte

PRESIDENT'S FOREWORD

E. M. MEDLIN, D.D.S., President

To the members of the North Carolina Dental Society

GREETINGS:

Another year in the history of our state organization will soon come to an end. At the close of the annual meeting, just around the corner, May 5-6-7, new faces will appear in executive positions to carry on the work which previous administrations have tried to advance.

During the six years I have been closely connected with our society I have looked forward with hope and expectation of a great state convention. From here it seems that is what we have in prospect. I am deeply grateful for the assistance you have given me and ask that you continue it until the last sound of the gavel. We want to surpass all attendance records at this meeting. **MAKE YOUR HOTEL RESERVATIONS NOW.** Returned service men will be most cordially welcomed. All members from neighboring states are invited to meet with us.

I am most happy indeed in these closing weeks of my tenure of office to feel that we have gone forward in our organization work. Your loyalty and support gave all your officers that driving force so necessary.

In closing this last official message to you, may I thank you, one and all, for the honor you have bestowed upon me and to assure you I shall try to keep faith with the standards which those who have preceded me have so wisely set up.



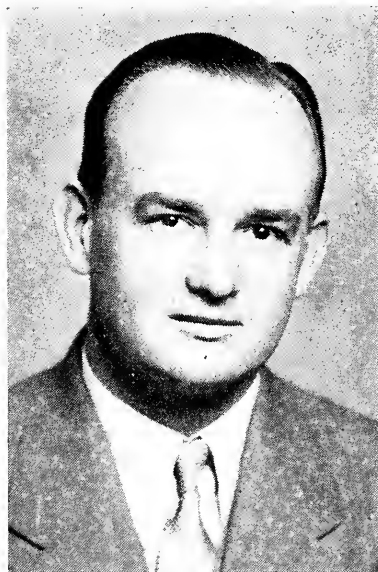
DR. E. M. MEDLIN
President



DR. R. M. OLIVE
President-Elect



DR. M. R. SMITH
Vice-President



DR. C. W. SANDERS
Secretary-Treasurer

MESSAGE TO THE MEMBERSHIP

By C. W. SANDERS, D.D.S., Sec.-Treas.

Three years ago in Raleigh you members of the North Carolina Dental Society conferred upon me a great honor—you elected me Secretary-Treasurer of your organization. It seems such a short period of time in a way and in another—it seems quite a while. During these three years I have worked with and come to know, some of the finest men that are to be found in any profession in the state. The secretary, of your fine group of men, is in closer contact with the entire membership than any other officer could possibly be. I can truly say that many of you fellows are my friends, because through our labors and these last three years have meant much to me. There hasn't been a single instance in which I haven't found my fellow members ready and willing to respond when I called upon them for assistance of any kind. For your splendid cooperation and many manifestations of friendship, I wish to thank you.

Our 1947 meeting promises to be the greatest and best in the long history of our organization. An excellent scientific program has been arranged for your benefit, and this year much fine entertainment is planned also, in order that you may have a well rounded meeting. Every cooperation has been received from Mr. Fitzgibbon of the Carolina in Pinehurst, and the ladies are having entertainment arranged for them. So bring your wife along to this meeting. Never has there been a time when the dentist deserved a rest and short vacation more than now. So make your plans and reservations to come to Pinehurst in May. Under most unusual leadership during the past years, the North Carolina Dental Society has become second to no other state dental society in this nation. Let's each and every one continue to do our part and keep this organization of our head and shoulders above all others in service to our membership and credit to our profession.

To each district member and all officers, especially the secretary-treasurers, I wish to express my sincere appreciations for your wonderful cooperation and assistance this year. My appreciations also to those who have rendered such invaluable service in setting up this program for our meeting. Without your aid it never could have been accomplished.

Many good things are planned for the May meeting and I hope to see each of you there.

THE PROGRAM AT A GLANCE

MONDAY, MAY 5, 1947

MORNING	AFTERNOON	EVENING
8:00 Registration	1:00 Lunch	6:00 Golf Dinner
9:00 Opening Session	2:00 Dr. William H. Canaven	7:30 Dr. Irving Hardy
11:00 Dr. Harlan H. Horner	3:15 Dr. B. F. Sapienza	
12:00 Dr. Sterling V. Mead	5:00 House of Delegates	
12:45 Dr. Clyde E. Minges		

TUESDAY, MAY 6, 1947

MORNING	AFTERNOON	EVENING
8:00 Breakfast Past Presidents District Officers New Members	2:00 Group Forum Discussion Group I Dr. W. H. Canavan Dr. T. E. Sikes	6:30 Banquet
9:30 Table Clinics	2:40 Group II Dr. B. F. Sapienza Dr. A. C. Current	8:00 General Session Election of Officers
12:00 Bulletin Conference	3:20 Group III Dr. Irving Hardy Dr. John R. Pharr	10:30 Dance
	4:00 Dr. William D. Lanier	
	4:30 House of Delegates	

WEDNESDAY, MAY 7, 1947

10:00

House of Delegates

Adjournment

Installation of Officers

GENERAL INFORMATION

REGISTRATION

The registration desks will be in the lobby of the Carolina Hotel and will be open Monday morning at 8:00 o'clock until Wednesday morning at 11:00 o'clock.

Register with your District Secretary and secure your badge. Those without badges will not be permitted to participate in the meetings, nor will they be allowed to vote in the election of officers.

Those who are guests at the Carolina Hotel will not be required to buy tickets to the banquet. If stopping elsewhere, tickets may be purchased at the registration desks.

MEETINGS

Note that we have a full program. It is necessary to run on time and in order to do so we must begin on time. The membership is asked to co-operate by being in the meeting rooms at the beginning of the lectures. All General Sessions and lectures will be held in the Ball Room. The House of Delegates will meet on Monday and Tuesday in the Men's Card Room, on Wednesday in the Ball Room. All Table Clinics and Group discussions will be held in the Ball Room.

BANQUET

The Banquet will be held on Tuesday evening in the Main Dining Room. The banquets at the Carolina have always been enjoyable occasions. This year, Dr. George D. Heaton, Pastor of the Myers Park Baptist Church, Charlotte, has been scheduled to appear as the after dinner speaker. He is a very popular entertainer, and he has been much in demand before Civic, Fraternal, and Industrial organizations. Among the remaining features for this part of the program will be notable entertainers and presentation of the President's Emblem by Dr. C. C. Poindexter. Every effort has been made to make this a most enjoyable affair.



Dr. Heaton



DR. HARLAN H. HORNER

Secretary of the Council on Dental Education of the American Dental Association. Appears on the Program Monday, May 5, at 11:00 A.M. Subject: "Evolution of Dental Education and Licensure in the United States."

DR. STERLING V. MEAD

President of the American Dental Association. Appears on the program Monday, May 5, at 12:00 Noon. Subject: "Activities of the American Dental Association."



BULLETIN CONFERENCE

The Bulletin Conference will be held on Tuesday at 12 noon. The President, Secretary, and the Editor of each District Society, and members of the Publications Committee are expected to attend the conference. Questions relating to the publicity of dentistry in North Carolina and suggestions for improvement in our Society Bulletin will be discussed. It is important that you attend this meeting.—L. F. Bumgardner, presiding.

OFFICERS' CONFERENCE

Officers' Conference will be held on Tuesday morning at 8:00 o'clock in the Children's Dining Room. All officers of the State and District Societies will meet at this breakfast and plan the work for the following year. Dr. R. M. Olive will preside.

PAST PRESIDENTS' BREAKFAST

The Past Presidents' Breakfast will be held Tuesday morning at 8:00 o'clock in the Stag Room. Dr. O. C. Barker, presiding.

NEW MEMBERS' AND EX-SERVICE MENS' BREAKFAST

The New Members' and Ex-Service Mens' Breakfast will be held on Tuesday morning at 8:00 o'clock in the Crystal Room. Dr. M. R. Smith, Vice-President, presiding.

DR. CLYDE E. MINGES

Of Rocky Mount, N. C.
Trustee of the Fifth District of
the American Dental Association.
Appears on the program
Monday, May 5, at 12:45 P.M.
Subject: "Report of Trustee of
American Dental Association."



DR. WILLIAM H. CANAVAN

Former Assistant Professor of
Clinical Oral Surgery, Tufts
Dental School, Boston, Mass.
Appears on the program Mon-
day, May 5, at 2:00 P.M.
Subject: "Local Anesthesia,
Minor Oral Surgery."

GOLF

The Re-organization of the North Carolina Dental Golf Association at our regular State meeting last May was a step forward in creating interest in Golf. Not only at our State meeting, but in our Districts as well.

Dr. Dan Carr, of Durham, was elected President, and Dr. L. M. Daniels, of Southern Pines, was elected Secretary. At our next State meeting in May, the Tournament will be held on Sunday, May 4, and will be limited to one day only. The Golf Supper will be held Monday, May 5, at 6:00 P.M., at the Carolina Hotel. All prizes will be awarded at this meeting.

Under a new system of keeping a record of all scores in the Tournament, every player will have an equal chance of winning a prize. We hope that every dentist, who plays golf, will make a special effort to arrive early enough Sunday to enter the Tournament.

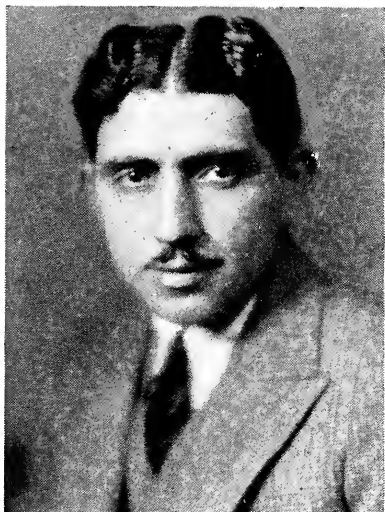
Of course, you are privileged to play golf at any time during the meeting on the beautiful 18-hole course.—Dr. L. M. Daniels, Chairman, Southern Pines.

DANCE

The dance arranged for your pleasure in the Ball Room, Tuesday night at 10:30 o'clock will be the outstanding social event of our meeting. Be sure to attend this. Dress is optional.

LADIES' PROGRAM

The Ladies' Entertainment Committee extends to the visiting ladies of the North Carolina Dental Society a hearty welcome. An excellent program has been arranged, among which will be a theatre party on Sunday evening, May 4. On Monday morning a tour will be made of the beauty spots in the Sand Hill Section, including a visit to the lovely orchid gardens. A Bridge Luncheon will be held at the Carolina Hotel on Tuesday morning. All ladies are invited to participate in this event. Of course, the ladies are especially invited and expected to attend the banquet and dance on Tuesday evening. All of which we hope will add to your enjoyment and pleasure during your stay in Pinehurst.



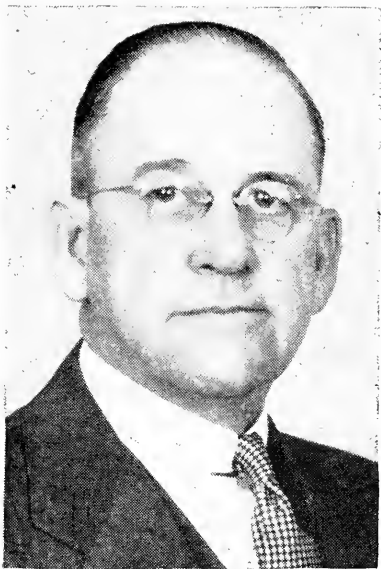
DR. B. F. SAPIENZA

Of Birmingham, Alabama. Limited to Restorative Dentistry since 1928. Appears on program, Monday, May 5, at 3:15 P.M. Subject: "The Cast Gold and Veneer Crowns".

DR. IRVING HARDY

Professor of Prosthetic Dentistry at Tufts College, Boston, Mass. Appears on program Monday, May 5, at 7:30 P.M. Subject: "Full Dentures".





DR. WILLIAM D. LANIER

Chief of the Dental Division
of the Veterans Administration,
Richmond, Virginia. Appears
on program Tuesday, May 6,
at 4:00 P.M. Subject: "Dental
Service for Veterans".

RESOLUTION

The North Carolina State Board of Dental Examiners passed the following resolution at the regular annual meeting, held at the Carolina Hotel, Raleigh, N. C., June 24, 1946:

"On and after July 1, 1947, all applicants for licenses to practice Dental Hygiene in North Carolina will be required to be a graduate of a recognized school of Dental Hygiene which has a minimum requirement, graduation from an accredited high school and two years of nine months each in an accredited school of Dental Hygiene".

Frank O. Alford, Sec-Treas.
North Carolina State Board of Dental
Examiners

HOUSE OF DELEGATES

Officers of the Society

E. M. MEDLIN, President

R. M. OLIVE, President-Elect

MARCUS SMITH, Vice-President

C. W. SANDERS, Secretary-Treasurer

Executive Committee

C. C. Poindexter (1947)

F. O. Alford (1948)

S. L. Bobbitt (1949)

Ethics Committee

H. R. Chamblee

W. R. McKaughan

J. F. Reece

O. R. Hodgins

Darden Eure

North Carolina State Board of Dental Examiners

Wilbert Jackson

Walter Clark

First District

P. P. Yates

W. D. Yelton

W. Kermit Chapman

Ralph Falls

William Davenport

Second District

George S. Alexander

J. Donald Kiser

R. B. Harrell

Frank W. Kirk

William A. Ingram

Third District

R. L. Underwood

F. E. Gilliam

Norman F. Ross

Sam Shaffer

J. T. Lasley

Fourth District

J. W. Bronham

T. M. Hunter

J. J. Tew

W. W. Rankin

L. J. Moore, Sr.

Fifth District

J. F. Dukes

Sandy C. Marks

A. L. Wooten

Z. L. Edwards

Paul Fitzgerald

PROGRAM

NORTH CAROLINA DENTAL SOCIETY

Carolina Hotel

Pinehurst, N. C.

May 5, 6, 7, 1947

MONDAY MORNING, MAY 5TH

8:00 A.M. Registration (Lobby) Carolina Hotel

9:00 A.M. Opening Session (Music Room)

Invocation—Rev. Zeb. A. Caudle, Pastor
Aberdeen Baptist Church

Address of Welcome

Mr. Richard S. Tufts, Pinehurst, N. C.
(President of Pinehurst, Inc.)

Response to Address of Welcome

G. A. Lazenby, D.D.S., Statesville, N. C.

President's Address

E. M. Medlin, D.D.S., Aberdeen, N. C.

Report of Necrology Committee

J. S. Betts, D.D.S., Greensboro, N. C.

Introduction of Visitors

Paul Jones, D.D.S., Farmville, N. C.

11:00 A.M. Lecture:

"Evolution of Dental Education and Licensure in the United States"

Harlan H. Horner, Secretary Council on Dental Education American Dental Association, Chicago, Ill., Illinois.

Harlan H. Horner is the secretary of the Council on Dental Education of the American Dental Association. He holds the degree of A.B. from the University of Illinois, the degree of A.M. and the honorary degree of Ph.D. from the New York State College for Teachers at Albany, N. Y. and the honorary degree of LL.D. from Alfred University at Alfred, N. Y. He is a member of the New York Academy of Dentistry and an honorary fellow of the American College of Dentist. He has had a long career in the fields of public and higher education.

He occupied administrative posts in the New York State Education Department at two intervals for a total period of twenty years, was dean and director of the summer session of the New York State College for Teachers for six years, and executive secretary of the New York State Teachers Association and editor of its magazine, *New York State Education*, for seven years. For nine years previous to his coming into the service of the Council on Dental Education, he was associate commissioner of education, in the state of New York. He is the author of "The Life and Work of Andrew Sloan Draper", "The Growth of Lincoln's Faith", "Dentistry as a Professional Career", "Dental Education Today" and numerous pamphlets and magazine articles on various phases of higher and professional education.

SYNOPSIS:

Dr. Horner's address on the "Evolution of Dental Education and Licensure in the United States" will deal with the development of dental education from the apprenticeship days, through the proprietary period, down to the almost complete absorption of dental schools by the universities, and will discuss the principal contributing factors to this development. The address will also trace the processes through which the states have gradually set up standards for the licensing of dentist and for the control of dental practice. The address will conclude with a discussion of the challenge of the future to the entire dental profession.

12:00 N.

Lecture:

"Activities of the American Dental Association"

Dr. Sterling V. Mead, President American Dental Association, Washington 6, D. C.

Dr. Sterling V. Mead was born in Hutchinson, Kansas, October 16, 1888. Educated in the public schools there and attended Salt City Business College in Hutchinson. In 1940 came to Washington as Secretary to Senator Thompson of Kansas. Graduated from Emerson Institute in 1911. Received the degree of Doctor of Dental Surgery in 1914 from George Washington University. The Bachelor of Science in dentistry and the Master of Science in dentistry were received from Georgetown University in 1929 and 1930 respectively. In 1929, President of the District of Columbia Dental Society and in 1932 Vice-President of the American Dental Association. Served as Professor of Oral Surgery at Georgetown University, Professor of Diseases of the Mouth, Professor of Radiography and Director of Research. Member of the Psi Omega Dental Fraternity, fellow of the American College of Dentists and member of the American Society of Oral Surgeons. Has written and published three books: "Disease of the Mouth", "Oral Surgery" and "Anesthesia". Several editions have been published of each of these books, and author of numerous scientific papers. In 1935 was recipient of a plaque for an-

esthesia in dental surgery presented by the International Research Society. Also in 1944 received the Fones Medal, a plaque from the Connecticut State Dental Association. Served as chairman of the Legislative Committee of the American Dental Association and is now President of the American Dental Association.

12:45 P.M. "Report of Trustee of American Dental Association"
Clyde E. Minges, D.D.S., Rocky Mount, N. C.

1:00 P.M. Lunch

MONDAY AFTERNOON, MAY 5TH

2:00 P.M. Lecture
"Local Anesthesia, Minor Oral Surgery"
William H. Canavan, D.M.D.
47 Bay State Road, Boston, Mass.

William H. Canavan, D.M.D., F.A.C.D. Former Assistant Professor of Clinical Oral Surgery, Tufts Dental School. Senior Visiting Oral Surgeon, Boston City Hospital. Visiting Oral Surgeon, St. Elizabeth's Hospital, and Metropolitan Hospital. Member American Academy of Dental Science. Fellow American College of Dentists. President, Tufts Dental Alumni Association. Former Chairman and Secretary Massachusetts Board of Dental Examiners.

SYNOPSIS: An informal lecture for the General Practitioner in Dentistry, with a resume of anatomy, instruments and their use, technique of injection, pre-medicated local and general, control of hemorrhage, sutures and suture materials. Also a reel of pictures showing the technique of injecting local onesthesia, and minor oral surgery.

3:15 P.M. Lecture:
"The Cast Gold and Veneer Crowns"
B. F. Sapienza, D.D.S., Birmingham, Alabama

Graduate of the University of Buffalo. Practice has been limited to Restorative Dentistry since 1928. Fellow of the American College of Dentists. Member of Pierree Fauchard Academy. Has lectured and given clinics in a great number of Districts and State societies in most Southern and Eastern states. Has had published many articles in various Dental Journals.

SYNOPSIS: In this discourse Dr. Sapienza will attempt to explain his technique in preparations and the most satisfactory method of constructing cast gold and veneer crowns. He will show a thousand foot moving picture in Kodachrome giving at-the-chair procedure in connection with the discourse.

- 5:00 P.M. Meeting of House of Delegates
Business Session
Report of Committees
- 6:00 P.M. Dinner
- 6:00 P.M. Medical College of Virginia—Alumni Dinner
- 6:00 P.M. Golf Dinner (Crystal Room)

MONDAY EVENING, MAY 5TH

- 7:30 P.M. Lecture:
Dental School.
"Full Dentures"
Irving Hardy, D.D.S.
Tufts College Dental School, Boston, Mass.

Graduate Tufts College Dental School. Practiced in Massachusetts ten years and then went to New York where he practiced nearly twenty years. On January 1, 1946 returned to Massachusetts to the chair of Professor of Prosthetic Dentistry at Tufts College. Member of the New York Academy of Dentistry, past president First District Dental Society of New York, member of the American Dental Association, American Academy of Dental Science of Boston, International College of Dentist and Vice-President of the Academy of Denture Prosthetics. Dr. Hardy spent the summer on a Dental Educational Mission to Poland with the other members of Tufts College.

- SYNOPSIS: What is important in impressions? How far to "open the bite". Selecting and arranging anterior teeth. Choosing the posterior teeth. Placing the masticatory units in the most favorable positions. Adjusting the articulation intra-orally. (Illustrated with slides).

TUESDAY MORNING, MAY 6TH

- 8:00 A.M. Past Presidents' Breakfast—Stag Room
All ex-presidents of the North Carolina Dental Society are urged to be present.
Toastmaster—O. C. Barker, D.D.S., Asheville, N. C.
- 8:00 A.M. Breakfast—District Officers' Conference
Children's Dining Room
All officers of the District Societies of the North Carolina Dental Society are urged to be present.
Presiding Officer—R. M. Olive, D.D.S., Fayetteville, N. C.
- 8:00 A.M. Breakfast—New Members—Crystal Room
Toastmaster—E. M. Medlin, D.D.S., Aberdeen, N. C.

9:30 A.M. General Table Clinics:

- "Tooth Replantation and Fixation"
H. A. Baughn, D.D.S.,—Mount Olive, N. C.
- "The Treatment of the Dental Pulp"
David L. Beavers, D.D.S.,—Winston-Salem, N. C.
- "Reduction of Mandibular Fractures by Various Splinting Methods"
John T. Bell, D.D.S.,—Durham, N. C.
- "A Method of Restoring Decidious Teeth with Amalgam"
Worth M. Byrd, D.D.S.,—Sanford, N. C.
- "Acrylic Bridges Featuring the Stress-Breaker"
N. R. Callaghan, D.D.S.,—High Point, N. C.
- "Models Showing Cases of Malocclusion in Mixed Dentition Which Should be Corrected"
Allen H. Cash, D.D.S.,—Charlotte, N. C.
- "An Immediate Temporary Replacement of Anterior Teeth"
A. C. Chamberlin, D.D.S.,—North Wilkesboro, N. C.
- "Root Canal Therapy"
M. L. Cherry, D.D.S.,—Durham, N. C.
- "Impressions"
Lucian G. Coble, D.D.S.,—Greensboro, N. C.

SYNOPSIS: Indicated when the anterior ridges are soft and you are not sure that surgery will improve conditions, or in case the patient refuses to submit to an operation.

- "Cases In Oral Surgery"
Hylton K. Crotts, D.D.S.,—Winston-Salem, N. C.
- "Everyday Oral Surgery"
Charles D. Eatman, D.D.S.,—Rocky Mount, N. C.
and
Edward L. Eatman, D.D.S.,—Rocky Mount, N. C.
- "A Few Points on Crown and Bridge Construction"
John R. Edwards, Jr., D.D.S.,—Fuquay Springs, N. C.
- "Incisal Angle Restoration In Synthetic Porcelain"
L. M. Edwards, Jr., D.D.S.,—Durham, N. C.
- "Some Pointers on the Full Cast Gold Crown"
Paul Fitzgerald, D.D.S.,—Raleigh, N. C.
- "Home Care of the Mouth"
S. P. Gay, D.D.S.,—Greensboro, N. C.

"The Use of the Operating Stool at the Chair"

J. H. Guion, D.D.S.—Charlotte, N. C.

"Continuous Vacuum Investing Technique"

J. Wm. Heinz, D.D.S.—Charlotte, N. C.

"Indication for Space Retention in the Dental Arch"

H. M. Hunsucker, D.D.S.—Greensboro, N. C.

"Practical and Everyday Uses of Acrylic, Crowns and Bridges"

"Practical Cases of Plastic Splints"

A. T. Jeannette, D.D.S.—Greenville, N. C.

and

Dan Wright, D.D.S.—Greenville, N. C.

"Present Day Root Canal Technic"

R. B. Kennerly, D.D.S.—Asheville, N. C.

"Instruments and Drugs Used in Surgical Periodontal Treatments"

George F. Kirkland, D.D.S.—Durham, N. C.

"Steps in the Technique of Full Denture Construction"

Lindell L. Leathers, D.D.S.—Washington, N. C.

"Opening the Bite With Removable Bridge Work"

L. M. Massey, D.D.S.—Zebulon, N. C.

"Three Quarter Crowns for Bridge Abutments"

Henry V. Murray, D.D.S.—Burlington, N. C.

"Acrylic Eyes"

Thomas G. Nisbet, D.D.S.—Charlotte, N. C.

"Silver Alloy Restorations Employing the Use of the Mechanical Amalgamator and the Pneumatic Condensor"

Moultrie H. Truluck, D.D.S.—Asheville, N. C.

"Acrylic Suggestions"

J. V. Turner, D.D.S.—Wilson, N. C.

"Depressed Fractures of the Malar Bone"

P. B. Whittington, Jr., D.D.S.—Greensboro, N. C.

"Fixed Bridges (Gold and Acrylic)"

H. E. Plaster, D.D.S.—Shelby, N. C.

"Dietrichs' Technique For Doing Indirect Gold Work"

C. C. Diericks, D.D.S.—Morganton, N. C.

12:00 Noon Bulletin Conference

1:00 P.M. Lunch

TUESDAY AFTERNOON, MAY 6TH

- 2:00 P.M. Group Forum Discussion
 Dr. W. H. Canavan
 Dr. B. F. Sapienza
 Dr. J. Donald Kiser, General Chairman
- 2:00 P.M. Group I.
 "Local Anesthesia, Minor Oral Surgery"
 Dr. W. H. Canavan, guest
 Dr. T. E. Sikes, Chairman
- 2:40 P.M. Group II.
 "The Cast Gold and Veneer Crowns"
 Dr. B. F. Sapienza, guest
 Dr. A. C. Current, Chairman
- 3:20 P.M. Group III.
 "Full Dentures"
 Dr. Irving Hardy, guest
 Dr. John R. Pharr, Chairman
- 4:00 P.M. Lecture:
 "Dental Service for Veterans"
 Dr. William D. Lanier, Chief of Dental Division, Veterans
 Administration, Branch Office No. 4, Richmond 20, Va.
- Dr. William D. Lanier is Chief of the Dental Division, Veterans Administration, Branch Office No. 4. He served in both World Wars I and II and is a Colonel in the United States Army (Reserve). He is a member of the American Dental Association, the Pierre Fanchard Academy, Southern Academy of Periodontology, Military Surgeons, the North Carolina Dental Society (Honorary) and a Fellow of the International College of Dentists.
- SYNOPSIS: In Dr. Lanier's discussion of "Dental Service for Veterans" he plans to cover a survey of dental activities for the last six months relative to the program for participating dentists. He will also show how well this plan has operated and will discuss the difficulties encountered, and the plans for future developments.
- 4:30 P.M. Meeting of House of Delegates
 Business Meeting
 Final Report of Committees

TUESDAY EVENING, MAY 6TH

- 6:30 P.M. Banquet (Main Dining Hall)
 Presentation of President's Emblem—Dr. C. C. Poindexter

- 8:00 P.M. General Session (Music Room)
Election of Officers
Election of Members to Board of Dental Examiners
Election of Delegates and Alternates to American Dental Association Meeting.
Selection of Place of Next Meeting
- 10:30 P.M. Dance (Main Ball Room)

WEDNESDAY MORNING, MAY 7TH

- 10:00 A.M. Meeting of House of Delegates
Business Meeting
General Session
Installation of Officers
Adjournment

NORTH CAROLINA DENTAL SOCIETY COMMITTEES

1946-1947

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R. M. Olive, President-Elect
Marcus Smith, Vice-President
C. W. Sanders, Secretary-Treasurer

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Paul Jones (1947)	Wilbert Jackson (1949)
D. L. Pridgen (1948)	Frank Alford (1949)

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F. O. Alford (1948)
S. L. Bobbitt (1949)

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S. H. Steelman
W. B. Sherrod
Sandy C. Marks

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N. C. Medical Care Commission

A. C. Current, Chairman
W. E. Clark

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J. D. Kiser, Chairman
W. H. Breeland
Howard Branch
W. R. Hinton
R. F. Hunt

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J. W. Branham, Chairman
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Paul Jones
O. L. Presnell

A. T. Jennette
T. W. Atwood
G. Fred Hale, ex-officio

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Darden Eure

Legislative Committee

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J. S. Betts, Chairman

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Committee

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F. O. Alford
T. E. Sikes

INDIVIDUALLY SPEAKING

From the First District

The Western North Carolina Dental Society held a recent meeting in Sylva. Dr. A. W. Bottoms presented a very interesting clinic.

Dr. J. E. Pruett is now located in Bessemer City after approximately five years service in the Navy.

Dr. Foster Hartgrove has recently moved from Asheville to Waynesville. He served three years in the Army.

Your editor returned to his practice in Canton last March, after spending five years and three months with Uncle Sam.

I have not heard any recent news concerning Walter McFall, but assume it is due to the fact that he is devoting most of his time as a traveling man. Dental Health Salesman, that is.

Among the new men who are now practicing in Hickory are Paul Kyles, Fred Brown, Conrad Fritz, Auburn Poovey. Also David Abernathy and J. Lewis Price, Jr. have returned to their practice.

Dr. C. B. Yount, of Hickory, has retired from practice. Dr. Yount is to be commended for the many faithful years he has given to the practice of dentistry and is progress.

The Tri-County Dental Society held their last meeting in Maiden. A general discussion on the Musco-seal technique was enjoyed by all.

Dr. Samuel Isenhour is now located in Newton with Marshall Barringer.

The Secretary, Dr. W. D. Yelton informed me that the present membership is 185, of which 129 of these have paid up dues. The First District is striving hard to get 100% paid up dues by the time of the May meeting in Pinehurst.

I am happy to learn that Dr. Ralph Coffey of Morganton, is back in his office after a period of illness.

Dr. Clinton Dierck is now located in Morganton with Drs. Coffey and Falls.

It would be greatly appreciated if someone would inform Eddie Current of Gastonia, that the shortest route to Tampa, Florida is not by way of Miami. However, we understand that he gave a fine clinic in Tampa, but so far as he is concerned, the State of Florida may be returned to the Seminoles.—Luther Rollins, District Editor, Canton, N. C.

From the Second District

It's time for the Bulletin to go to press and your Editor (as has happened much too often of late) is caught short. My news gathering efforts have not met with too much success. I trust that the Editor-in-Chief will proof read this and supply additional items to supplement the column.

A card from my good friend O. R. Hodgkin, of Thomasville, informs me that he and his wife "put on the dog" in New York in February. It seems that they attended the Westminster Dog Show, but he neglected to state what breed he represented.

On Sunday, February 2nd, the Officers, Program Committee, and Executive Committee of the Second District met in Dr. Frank Kirk's office in Salisbury and made plans for the annual fall meeting of the Society. The Executive Committee voted an allowance to be used for securing Clinicians to appear on our program, as well as the other necessary items of business.

Surry County welcomes two new dentists—I. F. Stone in Pilot Mountain and Duke P. Conduff in Mt. Airy. Both boys obtained their degrees from the Medical College of Virginia School of Dentistry. During the war, Conduff served as a Naval Lieutenant in the Pacific area.

John Ashby and Otis Oliver, of Mt. Airy attended the Mid-Winter Clinic in Chicago, while Paul Moorefield stayed at home mapping plans for his new abode north of town. He hopes to have it completed before his daughter, Annie Laurie (born November 7, 1946) has her first date.

Burke Fox of Charlotte, has become the Society's Number One Boxing Fan. His comments in the Charlotte Observer about Golden Gloves Tournament are enlightening. He flew back from Chicago so as not to miss a bout.

We understand that Dr. Cary Johansen, of Charlotte, has moved to Passaic, N. J. and that Dr. Grady is occupying his former office. Among others recently located in Charlotte are Clyde Jarrett, Donald Morris, John Erwin, P. C. Hull, Jr., William Heinz, Fleming Stone, Edward Austin, John Rogers, Winfred Kiser, J. G. Rehm, T. N. Hamer, J. W. Gibbs, and L. L. Banker.

Dr. John W. Menius, of Monroe, has moved to Asheboro.

Dr. J. J. Richardson recently moved from Charlotte to Florence, South Carolina.

Dr. William P. Weeks, after 22 years in Charlotte, is retiring from private practice and assuming new duties with the Veterans Administration.

Lately if your patients seem more enlightened concerning dental nomenclature, perhaps they have been reading the "Dental I.Q." appearing daily in the Charlotte Observer. The material, used in the form of questions and answers, in the "Dental I.Q." is edited by the American Dental Association, and sponsored by the Health Department of Charlotte, under the super-

vision of Dr. Z. M. Stadt, D.D.S., Oral Hygiene Director. If you do not care to read the "Dental I.Q.," you may listen to your radio, Station WBT, at 2:45 each Saturday, in which you will hear a good program on the following subjects of "Tales From the Ivory Towers," or better known as putting teeth into the story hour.

April 5th, No. 9, "The Moffats," Estes

April 12th, No. 10, "The Silver Chief," O'Brien

April 19th, No. 11, "Mr. Popper's Penguins," Atwater

April 26th, No. 12, "Caddie Woodlawn," Brink

May 3rd, No. 13, "Adam of the Road," Gray.

Mrs. Ruth Harshaw, who planned and wrote the scripts, is an educator with wide experience in the radio field. She is the author of two children's books, one of which, "Teindeer of the Waves," was a Literary Guild Choice. Besides writing and producing "The Book Shelf," a dramatic radio review of new books for WLS, she is author of "The Battle of Books," a quiz program by the Chicago Board of Education.

The Storyteller, Helen Buell, a graduate of the University of Wisconsin, School of Drama, studied in Paris and was resident director of the Berkley Theater. Several years in stock, on Broadway and was in New York Theater Guild productions prepared her for radio, where she has been heard on "Ma Perkins," "Bachelors' Children," "The Romance of Helen Trent," "Easy Money," and other favorites.—Carl L. Thomas, District Editor, Mt. Airy.

From the Third District

Dr. James Henson, Dr. L. G. Coble, Greensboro, attended the Clinic in New York in December.

The Executive meeting of the Guilford County Dental Society was held in Burlington on December 6, 1946 to lay plans for the meeting at the Mid Pines Club, November 2, 3, 4.

Born to Dr. and Mrs. Norman Ross, Durham, N. C., a daughter, Marion Lee, December 13, 1946.

Dr. C. C. Poindexter, Greensboro, attended a meeting in Philadelphia in February. We were sorry to hear that Dr. T. E. Sikes, of Greensboro has been ill. Drs. C. H. Teague and J. N. Caudle, Greensboro, attended the February Mid-Winter Clinic in Chicago.

Many new men have come into our District since the last writing. I wish to welcome every one of them and urge them to join our Society.

I would appreciate any items of personal interest from the men in our district.—J. N. Caudle, District Editor, Greensboro.

From the Fourth District**BRING HIM IN—**

We wish to welcome all service men who have returned, and especially invite those of you, who have not joined our Society, to do so at your earliest convenience. I would suggest that you members bring them in, and make this our biggest and best year in the history of our District.

Dr. H. O. Lineberger reports that the Legislative Committee has no bills before them at this time, but that the Committee is ever alert to anything that might arise.

Dr. J. J. Tew, our secretary, states that the present membership is 126, and that the dues are coming in fine. But he urges those who are delinquent to please pay by the time of the May meeting.

Dr. Walton Branham stated that the Program Committee has made good progress and expects our State meeting to be one of the best this year. Any who are not present will be missing a good meeting.

Dr. A. A. Phillips, who has been studying in post-graduate work, has now returned to Raleigh and has limited his practice to Orthodontia.

Dr. Robert P. Hamilton recently opened his office in Cary.

Dr. J. P. Edwards, Jr. has returned from the service and is now practicing with his father in Fuquay Springs. Also Dr. Adcock located in Fuquay Springs.

Drs. W. G. Lee and John Denning have returned from the service and are now located in Smithfield.

Dr. Tom Fleming has opened his office in Kenley.

Dr. Richard Noble is now in Princeton.

Recently returning from the service is Dr. T. G. Collins, who is now located in the office with Dr. H. O. Lineberger in Raleigh.

Dr. P. A. Person is back in Raleigh after serving some time in the Navy. He formerly was associated with the Wake County Board of Health.

Dr. Robert Finch is now located in Raleigh.

It is no longer a rumor concerning Dr. Henry Ligon, for whom the wedding bells toll. Miss Green, the bride to be, and Dr. Ligon will make Raleigh their permanent headquarters. Congratulations, Henry.—Marvin Jones, District Editor, Apex.

From the Fifth District

Dr. J. N. Johnson, of Goldsboro, died since our last Bulletin. Dr. Johnson was an excellent dentist, a loyal member of the Fifth District Dental Society, the North Carolina Dental Society, and the American Dental Association, and shortly before his death resigned as a member of the North Carolina State Board of Health. He has done much for organized dentistry in our state. He was benovolent to mankind and a follower of the highest Christian ideals. We will all miss him greatly. To his family our deepest sympathy.

The Rocky Mount Dental Society has re-organized since the war, under the leadership of Dr. Fred Hunt as President, and Dr. E. L. Eastman as Secretary. Many of the nearby dentists have been invited to become members, including your Editor. We meet monthly and enjoy some good study clubs, as well as the splendid fellowship together.

Dr. Clyde E. Minges and Dr. Charlie Eatman of Rocky Mount, and perhaps others attended the Chicago Mid-Winter Clinic, and brought back some very constructive information concerning organized dentistry. We, of the Fifth District, are very proud of our Dr. Minges and his achievements in the District, State, and National organizations. We hope bigger and better things are in store for you, Dr. Clyde.

Dr. R. A. Daniel, Jr., formerly a Commander in the Navy resumed his practice in Roanoke Rapids sometime ago, after four and a half years in the service. Good luck to you, R. A.

Dr. William C. Hammond has opened his office in New Bern, after three years in the Army. Dr. and Mrs. Hammond also announce the arrival of a new baby girl.

Dr. and Mrs. Dan Wright of Greenville announce the arrival of a new baby boy. Maybe another dentist, Eh, Dan?

Dr. Robert Parker recently returned from the Army and has opened his office in Enfield.

Dr. O. C. Daniels, Jr. has opened his office in New Bern after three and a half years in the Army. Good luck to you.

We understand that Dr. A. L. Hamilton is planning to locate in his hometown, Morehead City. Dr. Hamilton was a Japanese prisoner of war for some four years, and was returned under a physical handicap. We wish you the very best, Doctor.

Dr. W. L. Rudder, recently honorably discharged from the Navy, has opened his office in Beaufort.

Dr. Marcus A. Garris has recently completed his bungalow type offices in Weldon. Congratulations Dr. Garris, for there are very few such type offices in our district.

Dr. E. C. Denton has just installed a new office and fixtures in Whitakers.

Perhaps there are more members recently located in our district, but at this writing the Editor has been unable to obtain such a list.—Melvin M. Lilly, District Editor, Scotland Neck.

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AS A MATTER OF RECORD

The "Final Arrangements Meeting" was called to order by President Medlin at 11:00 o'clock on Sunday morning, February 16th, in the Carolina at Pinehurst. The meeting was attended by the chairmen of all committees having to do with the North Carolina Dental Society meeting in May.

Those present were: Drs. E. M. Medlin, R. M. Olive, Walter McRae, J. T. Lasley, S. L. Bobbitt, Marcus Smith, K. L. Johnson, J. W. Branham, W. T. Burns, Donald Kiser, C. C. Poindexter, F. O. Alford, H. O. Lineberger, Fred Hale, Franklin Bumgardner, C. W. Sanders, and George Kerr.

Final decisions were made concerning the program and all necessary details pertaining to the May meeting were settled. At one o'clock this group was luncheon guest of Mr. Fitzgibbon, manager of the Carolina.

Following the lunch the meeting continued until adjournment at 3:30 P.M.—C. W. Sanders, Sec'y.-Treasurer.

A. D. A. EDITOR

Dr. Lon W. Morrey is the new editor of the Journal of the American Dental Association. Dr. Morrey was elected to the post by unanimous vote of the Board of Trustees of the ADA in Chicago, February 9.

Dr. Morrey succeeds Dr. Harold Hillenbrand of Chicago, who was elected general secretary of the Association at the 1946 meeting of the House of Delegates in Miami, Fla., last October.



Dr. Morrey

THE PROSTHETIC DENTAL LABORATORY PROBLEM

By STERLING V. MEAD, D.D.S. *

An immediate task facing the dental profession is solution of the prosthetic dental laboratory problem. The dental laboratories are essential to, and are a definite adjunct of, the profession. Differences between the profession and the craft could, if left unresolved, cause serious trouble for both groups. For this reason I have urged the newly-appointed Prosthetic Dental Service Committee of the American Dental Association to act speedily in seeking solution of the problems of mutual concern to the dentist and the dental technician.

Of particular importance is the problem of establishing acceptable standards of education and training for the technician. This problem has been thrust into the foreground by the mushroom growth of trade school courses in prosthetic dentistry under the government's training program for war veterans. In nearly every state of the union dental technician schools are operating with large enrollments. Most of the students are war veterans. There should be some method to determine if all these schools have the personnel and facilities for doing a good job. Adequate standards should be established so that the student will have some assurance of a position in the future. The student has every right to know what he can expect from his investment in time and the government's investment in his tuition fees. As a matter of fact, the Council on Dental Education has approved in principle the organization in dental schools of courses for dental technicians and has proceeded on the theory that the competent, practical training of dental technicians can be done effectively only in cooperation with dental student training or with the profession.

Licensure for technicians, accreditation for laboratories, establishment of a code of acceptable standards for workmanship and materials, and elimination of illegal practice by laboratories are other problems in which the dental profession has basic interests. These issues have been perennial subjects of discussion with little real progress toward solution. One of the principal obstacles to be overcome is the lack of majority opinion in the laboratory group on these questions. Therefore, it has been suggested that the new Prosthetic Dental Service Committee meet with leaders of all laboratory groups will be carefully considered. It may be that a unified laboratory group could be established as an affiliate of the American Dental Association. There is no question but that there would be a closer relationship and a freer exchange of ideas between the profession and the craft if the latter were granted some sort of official recognition by the organized dentistry.

Typical of the present division of opinion in the laboratory field is that involving the question of professional status for technicians. Some groups have made flat demands that technicians be granted full professional status. Others, including one of the largest of the laboratory groups, are opposed to professional status for technicians and have announced their preference for some type of licensure or accreditation plan.

The American Dental Association is unalterably opposed to any plan which pretends to give professional status to laboratory technicians. This has been the consistent and constant stand of organized dentistry and is safe to say that such a stand will continue to be adhered to by the profession. We can only reject such wholesale demands as made in the following extract from an editorial in the November, 1945 issue of "The Keystone," a monthly publication of the Dental Laboratory Association of Pennsylvania:

"We herewith, casting our straight jacket to the winds, come out without further quibbling for classification of the dental laboratory as a profession. Away with all this beating about the bush. Chemistry is a profession. Engineering is a profession. Metallurgy is a profession. Dentistry is a profession. Then why not dental laboratory work?

Somewhat similar is an article in the "Guild Laboratory News" of August, 1946, published in New York. Under the heading, "Hat Wax" appears a sub-section entitled, "Professional Relations." It reads:

"Professional Relations—While we are on the subject of 'professional relations', we might as well add our opinion as to what is fundamentally wrong in the relationship between the dental laboratory operator and the dentist, particularly as expressed through the medium of their respective organizations and leaders. What is wrong is that it is accepted that the dentist is superior to us and we are inferior to him. How many times have we heard some prominent laboratory man say, piously, 'We owe livelihood to the dental profession, and we should therefore keep our demands down.' That is, be humble, and take without complaint what we are given.

"We should, therefore, assume an attitude of equality in the dental family, dealing with our dentist-customers, and their organizations, as equal, self-respecting men, proud of our place in dentistry, giving to them fully what is due them, and taking and demanding for themselves what is rightfully ours."

Dentistry has not and does not make claim to an effortless superiority to the craft. The profession must carry the full responsibility for dental health service to the public and cannot accept a secondary position to any group in matters affecting the public health.

The prior Prosthetic Dental Service Committee of the American Dental Association made two recommendations which should aid materially in working out an acceptable solution. The committee has recommended that:

(A)

Each state society appoint a prosthetic dental service committee at once in order that better dentist-laboratory relations may be developed and maintained and to carry out other functions of the Prosthetic Dental Service Committee; and

(B)

That the Prosthetic Dental Service Committee of the American Dental Association have relations only with a truly democratic national organization of dental technicians which has a structure similar to that of the American Dental Association and with its governing power arising at state level.

It should be pointed out that the recommendation with reference to "a structure similar to that of the American Dental Association . . ." is not an attempt to force upon the laboratories any particular type of organizational set-up. It is recognized that dental laboratories have many problems apart from directly connected organized dentistry. The laboratory organization should be able to speak for technicians in the same manner that the American Dental Association is able to speak for the overwhelming majority of the nation's practicing dentists. It should be so constituted that its national officers can deal directly with the Prosthetic Dental Committee of the American Dental Association and its accredited agents meet with state prosthetic dental service committees to consider problems on the state level. Such an organization could provide organized dentistry the benefit of its studies and experiences as well as serving as a responsible directing force for the craft.

The American Dental Association does not now desire to sponsor state legislation for the licensing of technicians. It may be that in some states licensing legislation might be considered. In such cases, it is important that such legislation be incorporated within the state dental code and have the full endorsement of the profession. Dentistry is opposed to any legislation which would fail to put supervision of laboratory technicians under the control of the profession. The American Dental Association does not wish to dominate the dental laboratory field yet it has no intention of being dominated by it.

By discussion and by the fullest understanding of our mutual problems, we shall be able to clear the stage finally of the difficulties now existing between the profession and the craft.—*President of the American Dental Association.

THE VETERANS ADMINISTRATION PROGRAM

By STERLING V. MEAD, D.D.S. *

The question is often asked why the American Dental Association favors participation in the Veterans Administration program when it is opposed to federal control of professional practice, national determination of fee schedules, etc. This may be answered as follows:

- 1.—The Veterans Administration program does not entail governmental control of professional practice.
- 2.—Only an advisory fee schedule was determined by the American Dental Association and this has been adjusted at state levels to secure fair and adequate fees for each area.
- 3.—The program is for the care of the most deserving group in the world. It is limited in its application and is not open to all people.
- 4.—The program has been adopted in strict adherence to principles of the American Dental Association.
- 5.—There has been complete cooperation by the Veterans Administration with the American Dental Association.
- 6.—It is administered at the state and local levels and not on the federal level alone.
- 7.—Participation by individual dentists is voluntary.
- 8.—The patient has free choice of dentists participating in the program.

The function of the Veterans Administration is to administer programs established by federal law to provide benefits to ex-members of the Armed Forces of the United States who served either in war or in time of peace. This includes hospitalization, domiciliary care, and out-patient treatment for those veterans who are eligible.

Since 1919, dental treatment has been furnished veterans under the regulatory presumption that it was essentially a part of medical care and treatment. It was not until June 7, 1924, that specific provisions for dental treatment were included in federal law. The World War Veterans Act of 1924, as amended, provides for treatment of dental disabilities incurred in or aggravated by military or naval service. The determination of service-connected dental disabilities is a function of the Veterans Claims Service of the Veterans Administration.

Basic laws governing dental care eligible veterans have not been changed materially since 1924. Under present laws and regulations, veterans eligible for dental treatment fall into four general categories:

- 1.—Those having a service-connected dental disability.
- 2.—Those having a dental condition not service-connected but determined medically to be aggravating an associated systemic medical disorder.
- 3.—Those receiving domiciliary care in Veterans Administration facilities.
- 4.—Those enrolled in a course of vocational training authorized under Public Law No. 16, 78th Congress, who require dental treatment to prevent interruption of training.

Dental treatment is not extended to dependents of veterans nor to veterans receiving benefits under the G.I. Bill of Rights (Public Law No. 346, 78th Congress) unless eligibility is established in accordance with provisions of the 1924 World War Veterans Act, as amended.

Of approximately 20 million men and women who are ex-members of the armed forces, it is possible that one-half will receive dental treatment as beneficiaries of the Veterans Administration. While considerable dental treatment as beneficiaries of the Veterans Administration. While considerable dental treatment will be provided in hospitals and clinics by staff dentists of the Veterans Administration, the greater amount of treatment will be provided by private dentists who have been named as "participating dentists on a free basis."

In cooperation with the American Dental Association and by direct negotiation with state societies, the Veterans Administration has approved fee schedules corresponding on the average to the fees usually charged the general public for similar services in the respective states. It is generally provided that all veterans eligible for out-patient dental care at the expense of the government shall have free choice among "participating dentists." It is also the approved policy of the Veterans Administration to appoint as "participating dentists" all ethically and professionally qualified practitioners who wish to render dental service to veterans. Any number of the profession interested in being named a "participating dentist" should secure application forms and detailed information from the chairman of the advisory committee of his state dental society.

Dental Residency Program

For the first time in the history of the dental profession, a dental residency program leading to certification by American specialty boards is being initiated in Veterans Hospitals in cities where there are approved or provisionally approved dental schools. As now planned, dental residencies will be established in the specialties of periodontia, prosthodontia and oral surgery. The program tentatively calls for three years of training, consisting of one year of junior, intermediate and senior residency. The training ordinarily given to dental interns will be included in the year of junior residency.

For the first year, at least, the residency program will be confined largely to dentists who are veterans. A Dental Residency Committee, composed of

the dean of the dental school, a number of dental faculty members of professional rank and a member of the Medical Deans Committee will recommend appointments. Only applicants whose predental and dental records and professional experience indicate a capacity to profit from graduate instruction shall be recommended for appointment.

Pilot programs in a few Veterans Administration hospitals and dental schools are planned for the current year. It is expected that in another year the program may be extended to all dental schools in cities where there is a Veterans Hospital. Teaching will be done by faculty members of the dental school, and residents will attend classes both at the schools and at the hospital. Courses will include dental roentgenology, diagnosis, dental medicine, and general dentistry. The number of courses will depend upon the availability of faculty members and facilities for instruction.

Upon completion of the course, the resident will be examined by the American board in the specialty studied. The Veterans Administration will recognize certification by American specialty boards. When the resident has completed his training, he may be offered a position in the Department of Medicine and Surgery of the Veterans Administration, or he may, if he wishes, enter private practice.

Pay of Dental Residents

The professional service salary of the senior resident will be a sum of not to exceed \$1800 per annum. It will be determined by the Deputy Administrator on the recommendation of the Dental Resident Review Board at each hospital, and will be in conformance with the existing scale of remuneration for resident physicians in the locality. The professional service salary of the intermediate resident will be 75 percent, and that of the junior resident 50 percent, of the salary of the senior resident for the specific hospital. In addition to the salary, the resident will be furnished quarters, subsistence and laundry. If the resident is not required to live on the station, or quarters are not available, he will be paid an allowance equivalent to the maximum charge for quarters and subsistence.

Up to January 3, 1949, all dentists appointed as residents who have rendered active service as dental officers in the armed forces in World War II will be paid \$3,300 per annum because of their experience. If they live on the station, the cost of quarters, subsistence and laundry will be deducted.

Dental residents, along with medical residents, will have the benefit of all the teaching facilities in the hospital. A three year course of dental residency will provide a board educational and clinical experience. Such training will help raise the standards of dental specialties and enhance the prestige of the entire profession. Full-time dentists on the staff of the Veterans Administration will be included as much as possible in all residency courses. They will be given the benefit of as much of the training as time away from the dental clinic will permit and they will also be charged with some of the responsibility of teaching.

Summary

The dental program of the Veterans Administration is something new and vital in the care of veterans. Through the dental residency training program there will be provided specialized instruction for professional men of above average ability. The high quality of service for the veterans and the general public will be protected. By means of an adequate dental fee schedule, the private practitioner is invited to participate in the out-patient care of veterans.

It is good to note that this particular federal program does not lower the standards of dental care, does not interfere with the private practice of dentistry, and does not violate any of the principles enunciated by the dental profession. On the contrary, it insists upon a high type of service and fosters those principles which made dentistry an important health service. As long as these principles are adhered to the plan will be successful.*—President of the American Dental Association.

ANNOUNCEMENTS

The Southern Society of Orthodontics meets April 21st and 22nd in Alabama. A very outstanding program has been arranged, so make your plans now to attend.

* * * *

The annual meeting of the Virginia State Dental Association will be held April 14th, 15th, and 16th at Hotel Roanoke, Roanoke, Virginia. All members of the North Carolina Dental Society have a special invitation to attend.

* * * *

The Southern Academy of Periodontology will meet in Miami Beach, Florida at the Roney Plaza Hotel, April 19-20, 1947.

* * * *

The annual meeting of the American Academy of Periodontology will be held in Boston, Massachusetts, July 31st, August 1st and 2nd, 1947.

* * * *

The Fourth Annual Seminar will convene at the Ahwahnee Hotel, Yosemite Valley, California, October 19th to 24th, 1947. All communications should be addressed to the Executive Secretary of the Seminar, Miss Marion G. Lewis, 1618 Ninth Avenue, San Francisco 22, California.

The South Carolina State Dental Association will hold its 1947 session at the Ocean Forest Hotel at Myrtle Beach, S. C., April 27, 28th, and 29th. A special invitation has been extended to the members of the North Carolina Dental Society to attend this meeting.

* * * *

The North Carolina State Board of Dental Examiners will hold its next examination in Raleigh on June 23, 1947. All communication should be addressed to Dr. F. O. Alford, 1109 Liberty Life Building, Charlotte.

* * * *

The following hotels are located in Pinehurst and nearby Southern Pines: Hotel Carolina—Pinehurst; Holly Inn—Pinehurst; Pinecrest Inn—Pinehurst; Berkshire Hotel—Pinehurst; Highland Pines—Southern Pines; Belevedere Hotel—Southern Pines; Mid Pines—Southern Pines; Pine Needles—Southern Pines. We suggest that you make your reservations early, and in making reservations for others than yourself give the names of the others to avoid duplication.

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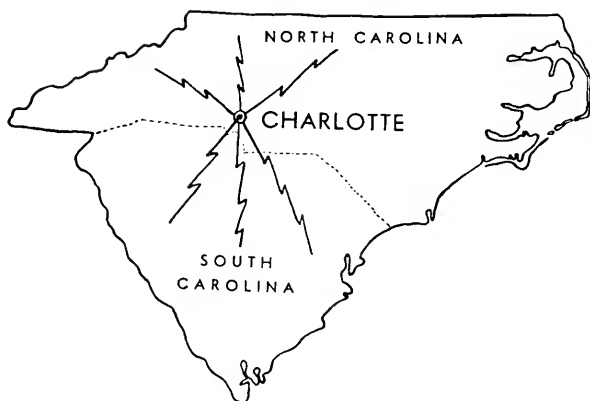
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